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*Observations on the Treatment of Pulmonary Disorders.* By  
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THE belief of the incurable nature of disorders of the lungs resembling phthisis is so universally prevalent, that he who ventures to question its justness is very liable to imputations on his judgment, or his intentions. Yet it must be admitted that such an impression respecting any disorder is calculated to produce the most unfavourable effect on medical practice; and he who adopts it on slight or inadequate grounds, pursues a course certainly more unphilosophical and infinitely more derogatory to the dignity of the Profession, as well as detrimental to the advancement of medical science, than even he who, in ignorance and inexperience, in despite of conviction and against hope, continues the unavailing combat with disease and despair.

The one permits a hasty impression—a conclusion founded, it may be, on erroneous, at all events on uncertain data—to restrain his endeavours in behalf of a suffering fellow-creature, and in passive inactivity prematurely consigns over to unarrested disease the anxious invalid, who looks to him for relief; the other, sedulously plying every avenue to hope, overlooks no opportunity, neglects no one measure which can, in the remotest degree, conduce to the alleviation of suffering, the protraction of existence, or, by possibility, to ultimate recovery.

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I am not unaware of the argument usually advanced by a certain class of pathologists, the morbid anatomists, in support of their scepticism, as to the efficacy of therapeutics, and of the peculiar force with which that argument applies to phthisical disorders. The patient affected with cough, expectoration, and other pectoral symptoms, is calmly consigned to the slow ravages of hectic and consumption. He dies—a matter of course ; an inspection takes place ; the lungs are found studded with tubercles. The pathologist asks, in significant triumph, what possible good could medicine have done in such a case ? By what treatment could such an organ have been restored ?

Another case occurs. The invalid manifests precisely similar symptoms. He has cough, expectoration, wheezing in the chest, dyspnœa, emaciation, and exquisite hectic. He is treated, as before, by palliatives. He dies. On inspection, the lungs are found generally sound, with the exception of an ulcerated spot of more or less extent in the bronchial membrane, and some hepatisation in the adjacent texture. We are forthwith informed, that an ulcerated or thickened condition of the bronchial membrane, with purulent secretion, is a fatal disorder, even although the lungs are otherwise sound ; that, in fact, there is very little difference from the last, either in the symptoms or prognosis of such a case, and there can be none in the therapeutics—medical treatment is alike unavailing in both.

Without at all under-estimating the importance of morbid anatomy, one is almost tempted to doubt whether, when carried to the unwarrantable length of introducing such paralysing scepticism into medical science, it is not productive of much more extensive and serious practical evils, than of real advantage.

And yet, in endeavouring to combat conclusions so injurious to the interests of therapeutical science, as well as so decidedly at variance with the welfare of society, no small difficulty is experienced in framing a satisfactory reply. Hundreds, nay thousands of cases, are day by day occurring exactly as above described. Indeed, it is a well-established fact, that in this country alone, the annual number of deaths by pulmonary consumption exceeds 50,000.

In such an appalling index of mortality, the morbid anatomist has undoubtedly the most ample field for observation ; and apparently an incontrovertible basis for the induction that diseases of the lungs consisting of ulceration, or purulent secretion, or tubercular formations, are necessarily and inevita-

bly fatal. When it is considered, farther, that in every individual case of the above solemn catalogue, more or less of medical skill has been resorted to and found unavailing, the Practitioner, so frequently baffled in his attempts at cure, is almost constrained, however reluctantly, to regard every new case occurring with similar symptoms as being equally hopeless with those which have preceded, and, ultimately, to subscribe to the truth of the conclusion, that consumptive disorders are as really beyond the reach of remedy as morbid anatomists have declared.

There is a manifest fallacy in this mode of reasoning ; and as the subject is of the most momentous importance, it is also important that every conclusion which is thus admitted be rigidly examined, in order to ascertain how far it is founded on legitimate premises.

Before we concede to the morbid anatomist that a tuberculated lung is necessarily incurable, we are entitled to ask, by what direct method can it be proved that tubercles once existing in the lungs of a living subject cannot possibly be absorbed, and the healthy texture restored ? There is no mode of incontrovertibly demonstrating this point. This being the case, who can limit the powers of vitalised texture in self-restoration ? The conclusion, at all events, that tubercles or ulcerations of the lungs are incapable of restoration, is founded only upon indirect induction, and amounts, in fact, to nothing but conjecture—a conjecture, however, it must be confessed, founded on a very wide basis of observation.

There is but one direct method of disproving the soundness of the pathological inference that pulmonary disorders are incurable, and, by consequence, of obviating the injurious influence of such an impression on practice ; and that is—by an appeal to facts. If it can be established that, in cases where, from the attendant symptoms, the same reasons have existed for inferring incurable disorder of the lungs to exist as in the case of those who die—yet these invalids have, under any given treatment, gradually lost these serious symptoms, and, at length, have ultimately recovered—an argument, it is submitted, is made out, not only in favour of the possibility of cure in pulmonary cases, but subversive of every just ground for despair.

So long as a single case of recovery can be adduced in unpromising circumstances, and with decided symptoms, every imputation of inexperience or of undue enthusiasm which is apt to be made against well-meant endeavours in an apparently hopeless cause may, with increased force, be retorted

on its authors, who, leaning to fancied experience, and influenced by a prejudice unworthy alike of philosophy and humanity, leave every unfavourable case, unaided, and to its own fate.

Those who found their gloomy prognostics on the results obtained by *post mortem* inspections, come very far short of any title to deprecate the efficacy of means, till they put us in possession of unequivocal symptoms whereby to discriminate between cases which are incurable and those which are not. To tell us, after death, that such a case was necessarily incurable, and medical means were absolutely to no purpose, is saying nothing at all—we know it already. Death has occurred—means have been baffled.

We require a certain means of diagnosis before we can admit absolute despair in any one case. These means no morbid anatomist has as yet supplied. The utmost that yet has been attained is this, when a patient has died with phthisical symptoms, we are told the disease was necessarily incurable, and we are shewn the cause—an ulcerated lung. When a patient with nearly similar symptoms has recovered, we are told the lungs could not possibly have been affected; but no proof is offered. Amid the great number of cases that do terminate unfavourably, the conviction has unfortunately become too generally prevalent, that wherever symptoms of pulmonary disorder do appear, the case is hopeless, and the invalid has nothing left but to prepare for the grave.

Yet no medical observer can deny the fact, that recoveries, under the most unpromising circumstances, have occasionally taken place.

The following cases are detailed both with the view of illustrating the injurious tendency of premature despair, as proofs of possible recovery under circumstances apparently decidedly unfavourable, and as exemplifications of certain practical principles in therapeutics, perhaps not duly appreciated in such cases. If any pathologist can suggest grounds of discrimination between the symptoms exhibited in these cases, and those manifested in other cases usually regarded as hopeless, and ultimately terminating in death, an important service will be rendered to medical science.

W., a young man, aged about twenty-four, tall, broad betwixt the shoulders, but very thin in the chest and flat-breasted; family consumptive, two sisters having died of that disorder, and one of his parents; nails crooked.

For some months has felt unusually languid, with aching pains, fever, thirst, and wakefulness at night; nausea and

headach in the morning, and retentive bowels. Feels particularly tight and oppressed at chest ; short breathing ; unusual liability to cold, with habitual, tight, dry cough. These symptoms gradually increasing, with progressive emaciation. He was, on one occasion, from exposure to cold, seized with shivering, subsequent fever, violent fixed pain in the left chest, and difficulty of inspiration. For these symptoms he was bled, blistered, and purged, by his Apothecary, under whose care he continued for a considerable period, restricted to a very low diet, and occasional saline purgatives.

Though the urgent symptoms were abated, the cough had gradually increased, with frequent expectoration of matter occasionally streaked with blood, emaciation, evening fever, and night perspirations. He was regarded as decidedly consumptive.

When I first saw him, he complained particularly of tightness of breathing ; sense of pain and pressure at the sternum ; frequent deep-seated wheezing, and constant tickling in the chest, provoking continual cough, which is much aggravated on attempts at full inspiration. He is very much emaciated, the countenance having a peculiar shrunk, contracted aspect, with sinking of the temples and softer parts, and great prominence of the cheek and other bones. The expectorated matter occasionally tinged with blood apparently purulent, partly pendulous in water, partly sinking to the bottom, where it lies in solid granular and detached flakes. Pulse tense, contracted, 100 to 110, irregular on inspiration. Bowels confined. Tongue furred, red at edges, and feels tender.

No. 1. **R** Hyd. Subm. gr. iiij.  
Confect. Scammon. gr. ij. M.  
Ft. pilula statem capiend.

**R** Infus. Sennæ 3jss.  
Pot. Tartr. 3vj.  
Antim. Tart. gr. ij.  
Tinet. Senn. Comp. 3iv.  
Aq. Aneth. 3ijj.  
Spir. Myrist. 3ijj.  
Syr. Rhei 3vj. M.

Ft. mist. Cap. coch. ampl. horis 2dis, donec nausea super-venerit, vel alvus copiose se dejecerit.

**R** Empl. Picis B. p. vj.  
— Lyttæ p. j.  
Ft. empl. calefaciens pectori continue applicand.

**R** Tinct. Camph. Com. 3iv.

Vin. Ipecac. 3ij.

Aq. Puleg. 3iss.

Syr. Scillæ 3ij.

Mel. Ros. 3ij. M.

Ft. mis. ; cap. cochl. mod. tussi urgente, vel post alvus copiose defluerit.

Within a few days the aperient means to be repeated ; the cough mixture in the interim, as occasions required.

After this the following course :—

**R** Pilul. Hyd. gr. iiij.

Extr. Col. C. gr. ij.

Ft. pil. noct. quartis capienda.

No. 2. **R** Pulv. Rhei gr. xv.

— Magn. 9ij.

— Aromat. gr. vij.

— Ipecac. gr. j. M.

Ft. pulvis auroris posteris sumendus.

Intermediate nights a diaphoretic pill at bed-time, and sedatives for the cough, as indicated.

To be much in the open air. Diet—animal soups, jellies, milk, and the farinaceæ.

After a few weeks of this course the urgency of the pectoral symptoms considerably abated ; the alvine functions much improved ; appetite, digestion, and sleep, were also better ; but nocturnal perspirations continue ; and without much improvement in respect of emaciation. Treatment continued ; diet to consist of animal food, solid, once or twice daily ; with a digestive pill to obviate gastric inactivity and fever.

Several weeks being elapsed, complains still of deficient appetite and general debility. In other respects somewhat improved.

### 3. **R** Decoct. Lichen.

Syr. Sarsap. aa 3vj.

Acidi Sulph. Dil. 3ij. M.

Ft. mistura, cap. cochl. ampl. mane et meridie aq. dilut.

This addition evidently agrees. A short period being elapsed, I was sent for at midnight, the patient having been suddenly taken so ill as to believe himself dying.

It appeared that two days before, from exposure to wet, he had caught a severe cold. When I saw him there had been much chilliness and shivering previously, and sense of faintness ; after which, febrile exacerbation, thirst, heat, difficulty

of breathing, pain on inspiration, constant cough. Pulse tense, above 100; and considerable cerebral excitement.

The natural suggestion was venesection. This, however, in existing constitutional debility, was dispensed with.

Habeat pilul. et mist. ut imprimis præscriptæ, donec nausea supervenerit. Post alvus defluerit, cap. pilul. pulv. Doveri donec sudor copiose evaserit.

By these antiphlogistic measures the urgent symptoms subsided in a few days, and immediately afterwards the former invigorating measures were renewed.

Finding, after a short probation, that under this system the general health was somewhat amending, and the pectoral symptoms easier, he was recommended country residence, with the following regimen :—

To be in the open air on horseback from morning till evening in fine weather. To adopt a nourishing diet of milk, farinaceæ; animal soups and solids twice daily.

The bowels to be relieved freely every third or fourth day, with presc. 2. The mixt. 3 to be continued, and the cough mixture as requisite.

Two months or so elapsed when the patient wrote me from Nottinghamshire that he had strictly pursued this regimen.—The hectic fever and perspirations had entirely left him, with general improvement in health. The occasion of his writing was another severe attack resembling pulmonary inflammation, for which he resolutely refused being bled, according to the urgent wish of his medical attendant. He, however, consented to a blister and prescription No. 1; by which means the paroxysm subsided, without depletion, against which I had strongly cautioned him.

After this he improved rapidly; suspended all medicines, but an occasional mild aperient. Within four months of his leaving town he returned as vigorous and healthy as at any period in his life. He had, in fact, gained so much in muscular substance, that his former wearing apparel was useless.—Two winters have since passed without any relapse, and a brother has died of phthisis in the country.\*

*Remarks.*—In this patient the symptoms were decidedly characteristic of phthisis, which disorder may be presumed constitutional, from the fate of the other members of his family. *Quære,* What would have been his fate if, in existing

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\* The patient's brother was recommended to try sulph. quinine on the last stage of hectic, with decided benefit—indeed, with a temporary suspension of the disease.

constitutional debility and progressive wasting, he had not adopted an invigorating course ? Upon what principles may the beneficial effects have been produced ?

- 1st. Excitement of the hepatic and alvine functions.
- 2d. Allaying general excitement of the circulation, promoting diaphoresis.
- 3d. Allaying pulmonary irritation, promoting free expectoration.
- 4th. Habitually promoting, in a mild and equable manner, the digestive and alvine functions.
- 5th. Supplying adequate nutriment, proportioned to the demands of a system much reduced beneath the standard of health and vigour.
- 6th. Air and exercise, conducive alike to healthy pulmonic and digestive functions, and, by consequence, in the most direct and essential manner, to animal vigour and health.

The two essential concomitant indications appear to be—to counteract general excitement and local irritation ; to maintain and restore general constitutional vigour. Either of these intentions put in execution, without due reference to the other, must necessarily be prejudicial.

How extremely common in pulmonary cases is the practice of pursuing debilitating depletion, and debilitating starvation, with the view of subduing a disorder essentially dependent on, or, at least, associated with debility ! This observation is exemplified in the following case :—

K., a young man, aged twenty-three, engaged in active business, middle size, rather slender, has generally enjoyed good health, though evidently scrofulous ; of late much more easily fatigued than usual ; appetite deficient ; liable to headaches, and to colds from slight exposures ; breathing somewhat short, and an habitual tickling cough has been contracted ; considerable debility. After using medical means for some time without much benefit, he is recommended country air. On his way to his native country, he is taken so ill as to be unable to proceed. The symptoms indicating pulmonary inflammation, he is largely bled, with ultimate relief. After eight or ten days, he resolves to return to London, though very weak, with fever, cough, and dyspnoea.

On his arriving in London he becomes rapidly worse ; difficulty of breathing extreme ; cough incessant ; severe pain on inspiration ; face flushed ; skin hot and dry ; pulse above 100, tense, and hard. He is bled, blistered, and freely purged, with decided relief ; but is very weak, with cough and

considerable expectoration. It is now found he has hectic fever.

Debility and emaciation progressive ; appetite deficient ; deep-seated wheezing ; night perspirations ; expectorated matter apparently purulent, sinking in water in loose granulæ and condensed flakes ; chest much contracted ; shoulder-blades projecting behind ; dyspnœa so great that he is unable to walk across the room ; cough tight, short, and constant ; looks extremely emaciated ; sallow complexion ; shrunk, contracted features ; occasional flushings ; pulse above 100, weak, compressed, irregular ; bowels rather free, and much irritated by any aperients.

An anodyne diaphoretic for the cough. Empl. calefaciens pectori ; mild aperients every third day ; calumba during the intervals.

Appetite and strength still very deficient ; other symptoms little better. Recommended to try Brighton air, and to persevere in the above treatment.

After a short period he returns to London without material benefit ; cough less frequent ; breathing easier, and strength somewhat recruited ; but expectoration, emaciation, and hectic, continue.

A mild mercurial is now prescribed every second night, and a diaphoretic alternately, evacuating the bowels every third or fourth day ; wine twice daily, with solid animal diet ; and to be in the open air continually. Under this system considerable improvement manifested itself ; appetite better ; he gains in strength ; walks more erect ; but pectoral symptoms continue.

Recommended to repair to his native air ; to live out of doors ; animal diet twice daily, in a solid form, and milk and farinaceæ night and morning.

To use the mercurial and aperient every third or fourth evening ; a mild tonic every midday ; and anodynes, as the cough and dyspnœa require.

Within a few weeks he returned to London, almost free from every symptom. The chest erect, expanded ; the cough almost entirely gone ; the breathing nearly natural : general vigour and *embon-point* indicate returning health.

This case requires no comment. It is plain that the pursuance of the abstinent plan, to subdue the cough and pectoral symptoms, would only have contributed to maintain both, by increasing general debility ; and incurable ulceration might have ensued. The nutrient and invigorating system was unquestionably the main instrument of restoration.

Digitalis or prussic acid, to reduce the pulse and unnerve the stomach ; sulph. magn. to evacuate the bowels and reduce fever ; and milk and vegetables to prevent it—what would have been the result ? What would be the result on a vigorous and healthy constitution ?

The following case is illustrative of the same principle :—

H., aged about twenty-nine, very tall, somewhat athletic, but rather under the proportionate capacity of chest, has generally enjoyed good health ; but, being actively engaged in extensive mercantile affairs, has of late been more than usually subject to languor, lassitude, febrile irritability, and to take cold from slight exposures ; has contracted an habitual hacking. Has undergone a mild mercurial course a few months since, under secondary syphilitic ulceration.

After a few active days' exercise, under occasional exposures to wet, felt very unwell, with feverish wakefulness at night. The uneasy symptoms increasing, with cold, shivering, oppression at chest, subsequent fever, and pain on inspiration, is compelled to send for medical assistance at midnight. It is found he has violent inflammatory fever, with pulmonary congestion. By copious venesection, the acute symptoms are controlled ; and his cough, formerly dry, is now attended with expectoration tinged with blood. The blood drawn has been very buffy.

The cough and expectoration continuing, notwithstanding active measures adopted by the Apothecary, it is judged advisable to have farther advice. An experienced Physician, who is called in, believing the lungs to be in progress of ulceration, considers immediate recourse to country air indispensable, and recommends the West of England, the adoption of spare diet of milk and vegetables, and entire abstinence from animal food.

These measures are immediately adopted ; but after a lapse of some weeks, the symptoms go on increasing, especially the cough, pain at chest, expectoration, attended with debility and copious night perspirations. In these circumstances, the patient, now at Bath, is advised to consult a Physician in Devonshire, of extensive experience in chest disorders.—On arrival there, copious venesection is judged necessary, which, from the urgency of the pectoral symptoms, is repeated to the third or fourth time within a few weeks, with a low fever diet, and other antiphlogistic means. Notwithstanding such active measures and the advantages of pure air, the patient loses ground daily ; strength decreases ; night perspirations more copious ; breathing more tight ; cough much ag-

gravated, with pain in the left chest, and increased expectoration, which is considered decidedly purulent.

He is now given to understand his case is hopeless. His Physician advises him in the strongest manner immediately to return to London, and take his passage to Barbadoes, as affording the only possible chance of recovery.

Resolved to put this advice rigidly in exercise, although at the most serious sacrifice of his mercantile interests, the invalid returned immediately to London. On his arrival, my opinion was requested on his case.

The symptoms were then as follows:—He was extremely emaciated; countenance shrunk, pallid, dejected. He was sitting with the chest bent forwards and contracted; shoulder-blades projecting greatly behind; complained of much tightness, sense of soreness and oppression at chest, especially at the left side; with constant tickling cough, difficult expectoration, and deep-seated wheezing. His nights much disturbed with cough, and he awoke usually bathed in perspiration; can hardly speak above a whisper without exciting cough; bowels confined; pulse weak and quick, considerably above 100; much debility; stoops much and is incapable of exercise; expectoration apparently purulent, mixed with condensed flakes sinking in water.

Having agreed to act as directed, he was ordered an alternative evacuant; after which, mild diaphoretics for a few days; and to adopt a more nutrient diet of animal soups and jelly.—The cough was controlled by an anodyne mixture, so as to permit more sleep, and the bowels evacuated every second morning. In a few days his diet was improved farther, and consisted of solid animal food, thrice daily, avoiding vegetables: to use milk. This change from the starving system he adopted with much reluctance, being strongly impressed with the belief that nourishment in any form would certainly aggravate the cough and fever.

Within a few days after the change of régime this effect did ensue:—The cough, which at first was relieved all at once, increased very much, the expectoration becoming more copious than ever. This effect was attributed to the full diet, which he immediately relinquished. An active mercurial aperient was now prescribed, and thereafter a diaphoretic; immediately on which the animal diet thrice daily was again resumed.

Under this system the general strength gradually became restored; the pulse firmer, less frequent; breathing considerably easier, though he still complained of his left lung. He

was now able to leave his chamber and take short walks.—The appetite and digestion improved.

By pursuing the invigorating system, with occasional intermissions to counteract exacerbations of fever, to which he was liable, the unfavourable symptoms gradually subsided, whilst health and strength were much improved. He, of course, relinquished the purpose of going abroad, and is now engaged in his business. The chest has again become expanded and erect ; he is plump, muscular, and vigorous ; and, with the exception of a slight expectoration and susceptibility to colds, which are gradually amending, he is in perfect health.

*Remarks.*—The practical principle here suggested is the unfavourable influence of debility induced by excessive depletion in pulmonary cases. However necessary and beneficial venesection may be to control active pulmonic inflammation, this treatment, when afterwards pursued, so far from removing the consequent disorder, whether consisting of ulceration or purulent secretion, is a certain method of maintaining it in such association with constitutional debility as is very unfavourable to restoration. The reason is obvious from various considerations. Apart altogether from the importance of a due supply of healthy blood to support the vitality of the different textures throughout the system, the mechanical distension of the pulmonary vessels by the circulating fluid appears essential to the due relative capacity and healthy functional activity of these organs. Any extraordinary diminution, therefore, of the circulating mass beneath the healthy standard, must necessarily occasion proportionate collapse of the pulmonary texture, contraction of the parietes of the chest, and such structural derangement as is extremely prejudicial in existing congestion or local morbid action.

These effects are increased materially by abstinence or restriction to diet, inadequate duly to stimulate the stomachic functions. The aid which is afforded in this way to the propulsive circulating energy from the centre to the circumference is of itself calculated materially to relieve the lungs.—Whatever evils may be dreaded from invigorating food in congestion of that organ, on the principle of increasing the force of the heart's action, evils greatly more serious are to be apprehended from permitting the stomach to fall into atony, and the system into debility, by inadequate diet. It is not plethora that is injurious, for very moderate depletion is adequate to correct this state : but it is undue diffusion of the circulation over the system, and inordinate determination of it towards internal parts, that constitute the sources of disorder. No

method could be adopted more effectually calculated to produce these conditions than debilitating the stomach and detracting from the general circulating energy. Nearly a similar effect is necessarily produced by extensive depletion, especially in full-grown individuals. In young persons, the vessels possess much more contractile power to accommodate their capacity to any diminution in the circulating mass. In the adult and aged, on the contrary, the vessels, having been habitually and permanently distended, necessarily lose their contractility, and in any unusual diminution of the contained fluid, they collapse without contraction. In these circumstances, the more the circulating fluid is reduced in quantity proportionally to the vascular capacity, the greater is the tendency to concentration of the mass in the larger and more permeable vessels around and near the circulating centre.—Existing organic congestion, therefore, instead of being restored, is permanently maintained, and, by consequence, also local morbid action depending on that state.

It appears to follow, that after the violence of reactive fever, associated with local congestion, has been subdued by depletion, farther detraction of blood must be injurious even in existing congestion and morbid action, by inducing functional debility over the whole system, reducing vital power, and increasing the tendency to internal congestion. To these effects, abstinence contributes in a peculiar manner and material degree.

That system of rigid and indiscriminate starvation to which consumptive invalids are too generally restricted, would be enough to reduce the most vigorous and Herculean frame; and if continual depletions were added, such as are frequently put in practice, the soundest constitution would inevitably and necessarily be reduced to the lowest ebb. What estimate are we then to form of the effects of such a system on a frame already debilitated, and which has to contend with a chronic and serious morbid action preying on the vital powers?

It is all very right to reduce acute inflammatory action in which the circulation generally and locally has been, by morbid causes, excited to activity greatly beyond power: but in detracting from the existing impetus of the fluids by venesection, it is to be recollected that abstraction also is made from power, since that is removed which is essential to the support of vital power; and I hold it, therefore, to be an incontrovertible physiological axiom, that after every depletion which urgent circumstances render necessary, the animal system presents an immediate claim for equivalent nourishment; and in

the absence of such necessary supplies to renovate the powers, action beyond power continues unarrested, i. e. existing fever is complicated with debility.

Such is the natural and necessary consequence in all cases where a system of starvation is made to succeed a system of depletion. The very course which is adopted to subdue morbid action is that which, by lowering power, essentially maintains the excitement. The practice, therefore, of depletion and starvation in pulmonary disorders, is radically and essentially erroneous,\* and, whenever it is carried beyond the period of acute inflammatory action, is highly prejudicial.

In recommending nutriment adequate to the increased demands of the system, it is not understood that stimulation also is indiscriminately advocated. The object is not stimulation, but power, and that diet must be the best which is capable of imparting the greatest degree of vital power to the various textures, as well as to the blood itself. For this purpose, vegetable food, however nutrient, is very inadequate ; animal diet, on the contrary, stimulates the digestive functions, enriches the blood, invigorates the whole system, and, under judicious regard to existing circumstances, is unquestionably the most restorative of lost power.

Animal and invigorating diet has been, it is true, generally deprecated in pulmonary cases ; and increase of fever, with aggravation of organic disorder, are usually apprehended as the result. That this idea cannot be always well-founded, the above cases decidedly demonstrate.

That in certain circumstances of pulmonary disorder injurious consequences are to be apprehended from the liberal and indiscriminate use of animal diet, I am ready to concede ; and also, that caution is necessary to adapt the kind and quantity to existing circumstances,—otherwise fever, disorder, and debility, will result, instead of vigour and health. But, on the other hand, I am convinced that, under groundless, or, at all events, mistaken fears of this kind, a system of exclusive abstinence is pursued to the certain aggravation of existing disorder, when a discriminating adoption of a system directly opposite to it is that which is indicated.

On this point, an interesting feature in the last-detailed case merits attention :—the exacerbation of the cough and febrile symptoms shortly after the adoption of animal diet. This is a result which I admit is of very frequent occurrence in cir-

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\* As a general rule.

cumstances of great general debility, and in proportion to the degree of debility. It has been usual to regard such an occurrence as highly unfavourable, and as an immediate urgent ground for withholding animal diet in future, and for having recourse to less stimulating vegetable preparations. I am disposed to view the matter in a different light. Knowing, on incontrovertible principles, that the constitution, in these circumstances, absolutely requires the nutritious and invigorating influence of animal diet, the symptoms in question cannot be owing to these properties, but necessarily are due to some other coexistent circumstance. This, I believe, usually consists of such disorder of the alimentary viscera, whether dependent on general debility and habitual organic atony, or upon existing depravity of secretions, as is incompatible with the adequate conversion of animal diet to its proper use. It lodges unreduced in the duodenum, irritating to morbid action that organ ; and as the various secretions have been deficient or depraved, the excitement of the circulating activity locally takes place without corresponding activity of the glandular function of the liver, and the other secreting actions connected with digestion, whence necessarily morbid local action and febrile excitement. To relinquish measures so essential to restore the constitutional powers on this account, is a mistaken course. Correct the existing disorder ; stimulate the secreting functions of the liver and the other secretions ; promote habitually the alvine evacuations ; and perseverance in animal diet is no longer injurious, but beneficial, and what the very debility, indicated by the febrile exacerbations in question, urgently calls for. It is an interesting practical fact that, in such circumstances, the excitement of fever by the use of animal diet is generally in a degree proportioned to existing debility ; and as vigour is regained by the use of that means, the febrile exacerbations in question are less liable to occur, and, when occurring, produce much less influence either on the constitution or on the local disorder.

In chronic catarrh and mucous secretion of the bronchiæ dependent on slighter pulmonic congestions, increased freedom of expectoration supervenes after every meal, and seems, in such cases, a favourable symptom rather than otherwise, indicating the beneficial effects of food in restoring and invigorating the system.

When, as in the above-detailed case, the same disordered condition is associated with great general debility, increase of expectoration is naturally to be expected from the remission of chronic congestion under an invigorating diet ; and in such

circumstances, being analogous to the critical expectoration in acute inflammations, is rather favourably symptomatic of returning vigour, than an indication for farther reduction of power.

These remarks by no means imply the propriety of adopting animal diet in all cases indiscriminately. Where, from existing disorder of the lungs or digestive organs, or from extraneous circumstances of impure air, the digestive power is materially impaired and counteracted, what good can be effected by administering food? The injurious consequences supervening are naturally in a degree proportioned to existing debility and incapacity for digestive action. A just estimate of the digestive capacity is not less essential than a just estimate of the existing demands of the debilitated frame.

The question naturally occurs, what was the real nature of the pulmonary disorder in the foregoing case? No evidence appearing of the existence of tubercles, the inference is, that the purulent expectoration proceeded from brochial secretion or ulceration. But regarding the attendant symptoms and the rapidly progressive decline of the powers, the result of perseverance in abstinence and antiphlogistic treatment may be anticipated. As no criterion for judging of the existence of tubercles usually is afforded\* farther than the symptoms manifested in this case, the practical deduction is, that an invigorating system of dietetics is now generally deserving of trial in similar cases.

It may be objected that, however useful animal diet may be in chronic catarrh, purulent secretion, or even ulceration, this system of diet is not applicable to the case of tubercular ulceration. The best reply is the following statement of fact:—

N., aged seventy-one, liable to winter cough for some years, in early spring of 1823 was seized with inflammatory fever and acute pulmonic inflammation, with pain on inspiration, dyspnoea, and incessant cough. Venesection, blistering, and purgatives, were adopted, by which means the urgent symptoms subsided: there remained, however, great dyspnoea;

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\* An experienced morbid anatomist, who has examined many hundreds of phthisical cases *post obitum*, informs me that he never yet discovered tubercular matter in the expectoration, not even where the lungs were found studded with tubercles. The expectoration of broken masses of undissolved tubercles, however, is by no means unusual; but I have frequently found the lungs studded with such formations of all sizes, without tubercular matter in the expectoration previously.

frequent cough ; much expectoration of purulent matter, as if from an abscess ; reduction of general strength ; deficiency of appetite ; hectic fever, and emaciation. Under these circumstances, he was regarded as incurably consumptive, which opinion was confirmed by that of another experienced Practitioner, to whose care he was consigned, on a change of residence. Here he continued for above three months, gradually emaciating and sinking in strength ; cough and fever increasing, notwithstanding abstinence, saline purgatives, and other antiphlogistic remedies ; looking forward to the ensuing autumn as the certain termination of his sufferings.

In July, when I saw him, he was using saline draughts and acid. sulph. dil., other means having been regarded as superfluous on the existing complication of age, debility, and organic disorder.

The symptoms were as follows :—Pulse about 100, tensive, hard, wiry ; skin hot, dry ; countenance dejected ; frame much emaciated ; chest contracted, especially its left side ; tongue furred ; bowels confined ; breathing very tight and confined ; sense of epigastric constriction and tenderness ; cough very frequent, hard, and painful ; expectoration difficult, very abundant, sometimes nearly half a pint daily, muco-purulent ; afterwards occasionally containing solid masses of unbroken tubercle sheathed with blood ; consumed with hectic fever every evening, preventing sleep for hours, after which bathed in perspiration, which bursts from the pores like dew-drops ; appetite very deficient ; strength failing. If any thing were wanting to confirm the character of the case, the tuberculous matter expectorated suffices.

There being evidently considerable hepatic disorder, a course of mild mercurial evacuants was prescribed, alternately with anodyne diaphoretics, as under :—

R Pulv. Jacobi veri gr. ij.

Extr. Lactucæ,

Pulv. Scillæ, aa gr. iss. M.

Ft. pilula nocte capienda.

Along with antiphlogistic remedies and counter-irritants, the strength was supported by soups, jellies, &c.

As soon as the hepatic and alvine functions were in some degree rectified, mild tonics were added, as decoct. sarsæ,—lichenis, with acid. sulphur,—and, as often as the stomach could bear it, animal diet in a solid form.

Within three or four weeks the hectic fever subsided, and the principal symptoms to contend with were, general debility, emaciation, alvine inactivity, dyspnœa, and cough. The

treatment was rather protracted :\* but, by continued attention to the alvine functions—constant supply of solid nutritious matter, especially animal diet, in every form—supporting the tone of the stomach, and controlling the cough by anodyne expectorants,—the patient ultimately so far recovered as to remove to the country, suspending medical means, and enjoying comparative health. The cough, however, still continues nearly as before the first attack ; but he is free from any of the attendant symptoms characteristic of phthisis.

In this case, the point most worthy of attention is the rapid disappearance of the hectic fever and perspirations, which I have seldom seen greater, or approaching nearer to colliquative, under the tonic and invigorating system of diet. Tuberculous phthisis at an age so advanced is generally considered rare.

## II.

(From the Edinburgh Medical and Surgical Journal.)

*Observations on Extraction of Diseased Ovaria ; illustrated by Plates Coloured after Nature.* By JOHN LIZARS, Surgeon, Edinburgh, 1825.

The surgery of the present age is characterized by its boldness. Operations which were not even dreamt of as practicable by our predecessors, are now daily performed, and what is of great importance, successfully performed. The surgeons of the New World vie with those of the Old, and country practitioners do not yield in science or dexterity to those of the metropolis.

The subject of the present communication is already known to our readers, by the interesting communication inserted in our LXXXI. Number, page 217, in which Mr. Lizars gave a detailed account of his first operation for the removal of diseased ovaries by gastrotomy ; and although from a singular circumstance to which we shall presently allude, the object of the operation was not attained, its practicability in proper cases was demonstrated, and the safety of laying open the abdominal cavity, and handling the viscera with freedom, made manifest, contrary to the doctrines of the schools.

\* The expectoration of muco-purulent matter to nearly half a pint daily continuing upwards of a year.

We confess that we were among those who strongly dissuaded both the patient from submitting to, and the operator from undertaking the operation ; and we can bear testimony to her fixed determination, that if no regular and scientific surgeon would venture upon it, she would have recourse to a country bone-setter, "who," she said, "would make nae mains o't," (not hesitate about it.) Our reasons for discouraging the operation were not only the danger of inducing peritoneal inflammation, but the possibility, or rather the probability, that after the cavity of the abdomen was laid open, it would be found impracticable to complete the operation, in consequence of adhesions, enlargement of vessels and unexpected occurrences ; for we were fully aware of the difficulty of determining, by any external examination however skillful, the exact state of the internal parts. We confess, indeed, that we did not foresee the possibility of so great an error in diagnosis, as that into which we ourselves and many surgeons of great experience fell, of supposing a diseased ovary to be the cause of a protruded abdomen, when in reality both ovaries were sound. Yet so it was ; and it furnishes an additional reason against the undertaking of this operation, except under the most particular circumstances. Luckily, however, the patient is still alive, and does not repent of her urgency to have the operation performed, as it has satisfied her that every thing possible has been tried to relieve her from the inconvenience of a prominent belly.

Mr. Lizars, however, has not been deterred by the want of success in his first attempt, from persevering in his endeavours to accomplish so great an object, as to remove a disease, rendering the remainder of life a burthen, and invariably terminating in a lingering death ; and in the splendid publication before us, he gives an account of four cases, including that already published ; in the second of which the operation was partially successful, in the third it proved fatal, and in the last, recovery has taken place, although it was found to be impracticable to remove the tumour.

As the first step towards overcoming the difficulties which embarrass an operation in his practice, is to be fully aware of their existence, and of the various forms and complications which they present, we shall extract the detail of those which occur to Mr. Lizars, reserving the successful case to the last.

CASE III.—J. C., a cookmaid, 25 years of age. Disease of one year standing, and health of late very bad.

\* On Tuesday the 22d March, 1825, between one and two

o'clock, the room having been previously heated to  $75^{\circ}$  of Fahrenheit, I commenced the operation, by making an incision through the skin and adipose substance, from the sternum to the symphysis pubis; then through the muscles and peritoneum, near the sternum, so as to get at once into the abdominal cavity; but the tumour approached so near the sternum, that I could not accomplish this, so that I cut through the tendons of the external oblique, internal oblique, and rectus muscles, imagining I had got to the surface of the tumour, and was proceeding to separate the parietes from the tumour, when I observed my mistake. I accordingly deepened the incision through the posterior tendinous layer of the internal oblique and transversalis muscles, and arrived at the sac of the tumour; I then began to insulate the tumour, which was found adhering so strongly to the parietes of the abdomen, to the colon, and to the brim of the pelvis, that I despaired of being able to detach it; however, by dissecting at one time, and tearing cautiously with the fingers at another, I succeeded in insulating a large mass of a dark-brown colour, weighing upwards of seven pounds, and, to my delight, having a pedicle only the thickness of the little finger, and between one and two inches in length. I now gave this enormous mass to my assistant, Mr. Macrae, passed a ligature round the pedicle, and tied it firmly, and then cut close to the tumour; securing three open-mouthed vessels of the pedicle. During this period, which occupied, I understand, about ten minutes, my friend, Dr. Poole, kept the omentum and intestines enveloped in a towel dipt in water at  $96^{\circ}$ . I now stitched up the wound, carefully avoiding the intestines and omentum, applied straps of adhesive plaster, compresses of lint and linen, and around the body a shawl like a binder after accouchement; and, lastly, carried my patient to bed."

This patient died on Thursday, 24th, at 7 p. m. of peritonitis, having survived the operation about 56 hours.

CASE IV.—M. B. aged 34, cookmaid, disease of six years standing. Operation performed on the 24th April, 1825.

"The day was remarkably cold for the season, for although a large fire had been put on by seven in the morning, the thermometer had arisen only to  $66^{\circ}$  by one o'clock. When the heat of the room had arisen to  $70^{\circ}$  of Fahrenheit, which was between one and two o'clock, a longitudinal incision was made through the integuments, from the sternum to the pubes: at the sternal extremity the peritoneum was wounded, and one finger of the left hand was here introduced, then another, and the peritoneum laid open to the pubes: the same was

then done upwards to the sternum, when a multiplicity of convoluted vessels presented themselves of various magnitude, from the thickness of a finger to that of a crow's quill. At first I thought them the intestines, for they appeared extremely fleshy: then I imagined them the blood-vessels of a placenta, which they still more resembled; indeed such was their resemblance to the vessels of that organ, that the same idea struck one and all of the gentlemen present. On minute examination, however, they were found to be the blood-vessels of the omentum majus, enormously enlarged, running on the surface, and into the substance of the tumour, which appeared an enlarged ovarium. Finding that it was impracticable either to dissect these vessels from the surface of the tumour, or to secure them, in consequence of their great number, I abandoned the idea of extirpating the mass, in which decision I was supported by the gentlemen present; I therefore punctured with a large trocar and canula the centre of the tumour, but nothing flowed; I next made a small but deep incision with a scalpel, when the tumour appeared solid and cartilaginous, and a vessel bled a little: I lastly punctured the lower part of the tumour, being anxious to reduce its bulk, but only pure blood flowed. The lips of the wound were now approximated and stitched; adhesive straps applied, compresses of lint and linen, with a shawl as a binder, and the patient carried to bed."

The reports are continued to May 7th, when the patient was convalescent, and, we understand, she continues to recover.

CASE II. is that in which the operation was partially successful; we say partially, because although the one ovary was removed without any bad consequences to the patient from the operation, yet most unfortunately the other was diseased under such circumstances as to render its removal at the same time unadvisable. The patient was 36 years of age, and the case of six years standing.

"The day before the operation, she had a smart dose of the compound powder of jalap, which operated briskly. This day, Sunday, the 27th of February, 1825, at 1 o'clock p. m. I began the operation, the patient being placed on her back, on a table covered with blankets, and the temperature of the room heated to 75° of Fahrenheit. The external incision having extended through the skin and adipose substance, from the ensiform cartilage to the symphysis pubis, a little on the left of the linea alba, I cautiously cut through the muscles and the peritoneum, near the umbilicus, making a small aper-

ture, into the latter, when the serous fluid flowed freely out, which was also collected by means of saucers and sponges : as the fluid ceased to flow, the wound was enlarged downwards. The whole measured about a gallon and a half. The wound was then enlarged upwards to the sternum, making that in the peritoneum correspond with the wound in the integuments ; when the tumour appeared occupying the greater portion of the abdomen, and resembled the uterus in the eighth or ninth month of gestation, as represented in Plate I. I now laid hold of the tumour, brought it beyond the parietes of the abdomen, and gave it into the hands of my assistant, Mr. Macrae, as its weight threatened to drag the uterus ; I then passed my fingers around the pedicle, which appeared the broad ligament of the uterus, soft, flaccid, and healthy, and about an inch and a half in length, the fundus uteri being elevated about an inch above, or atlantad to, the crista pubis. A ligature, composed of two strong threads waxed, was next passed round this pedicle, and tied intermediate between the fundus uteri and the tumour, transfixing the pedicle between the noose of the ligature and the tumour, to prevent the noose slipping off. Lastly, I cut across the pedicle close to the tumour. During the progress of the operation, she complained of pain in the lumbar and sacral regions, which appeared to arise from the dragging of the tumour—a circumstance scarcely possible to be avoided, with all our care. My next object was to ascertain the condition of the uterus, as I was prepared to remove it had it been diseased ; the uterus, however, was perfectly soft, and only a little enlarged. The other ovary was increased to nearly the size of the fourth part of the one removed, and was adhering on the right side to the parietes of the pelvis, and to the uterus, but comparatively free on the left side. While examining this, the gentlemen around me begged me to desist, in which I concurred, conceiving, that as the uterus was elevated above the brim of the pelvis, and the ovary not tied down by adhesions to the bottom of the pelvis, there might be hopes of its rising after the other had been detached, and that it might be extirpated afterwards. I now proceeded to bring the edges of the wound in apposition, by the employment of ligatures and adhesive straps ; of the former there were seven, and of the latter nine, the wound itself being twelve inches. I regret that I employed so few ligatures, for in wounds of the abdomen they are particularly useful, to prevent any protrusion of the viscera, and to give support in all the motions of the abdomen during the cure. When the ligatures and adhesive straps had been applied, and the liga-

ture encircling the pedicle carefully left out, compresses of lint and linen were put on, and the abdomen encircled with a shawl, as a binder, employed after accouchement. This I found in the former case much more serviceable than a nine or twenty-tailed bandage, or stays, or any other fashionable dress."

The only untoward circumstance which occurred was some haemorrhagy in the evening, but it was checked by judicious treatment, and the case proceeded favourably. The last report is on the 9th of May, when the patient is convalescent

In drawing a general result from the event in Mr. Lizars' case, we must remember that the ovarian dropsy, if left to itself, is a mortal disease, of very slow progress, rendering the life of the sufferer for a great length of time miserable, both from actual distress and from dreadful anticipations, and that therefore any thing which presents even a chance of relief, is preferable to abandoning the individual to despair. Keeping this consideration in view, the result is rather favourable. Of four cases, one may be said to have proved successful, one died, and in two the operation was useless. We find from the records of surgery, that in general, capital operations, on their first introduction, have been much less successful, even in the hands of the great and skilful surgeons, by whom they have been conceived and performed, than they have afterwards become in the hands of the profession generally; and it would not be difficult to give the explanation.

But if we consider the operation of gastrotomy, independently of the single object of removing diseased ovaria, the result of Mr. Lizars' operations is more favourable; for we here find, that of four cases, three succeeded, although in all the abdomen was freely laid open, and the viscera very freely examined; a success so great as to encourage us to believe that gastrotomy may be resorted to in many other cases of abdominal disease, as volvulus, intussusceptio, internal hernia, even external strangulated hernia—intestinal calculus, and in very obscure diseases of the abdominal and pelvic viscera, when no other hope presents itself.

We have now only to speak of the plates with which Mr. Lizars' work is adorned; we say adorned, for they reflect the highest credit on Mr. Lizars' brother, by whom they were designed, engraved and tinted. They are five in number, and all belong to the second or successful case. The first represents a view of the abdomen when fully laid open, exposing the tumour, intestines, and uterus, in their relative situations.

The second is a lateral view of the tumour in its natural size ; the third is a view of the basis of the tumour, showing the pedicle by which it was attached, and the Fallopian tube connected with it ; the fourth is a section of the tumour, displaying its texture and structure ; and the fifth and last is a view of the abdomen after the wound had healed, showing the cicatrix of the incision, and of the stitches, and the ligature still hanging out.

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### III.

(From the London Medical Repository.)

#### *The Art of Detecting Diseases.\**

THERE is no profession or pursuit which calls for such unremitting mental activity as the profession of medicine. In other professions, or pursuits, there are stated periods, or days, or hours of exertion, with certain alternations of repose and relaxation ; the circumstances in which men are called upon to act are either similar to such as have occurred before, or resolvable into distinct questions referrible to some fixed standard, or settled by some previous decision : the reputation acquires a growing greatness and stability from every successive exertion of industry, until it can scarcely suffer diminution from subsequent indolence, or even from subsequent mistake. But the medical man has no period, no day, no hour of assured leisure ; his occupations are either continual or confined to no particular time, and the cases which require his attention are never wholly like any which required it before. At the moment when, after some previous exertion, he considers himself free, at least for a few hours, from all engagements, and justified in indulging in some recreation of his intellectual and

\* An Essay on the Symptoms and History of Diseases, considered chiefly in their relation to Diagnosis. By Marshall Hall, M. D., F. R. S. E.

Symptomatology ; or the Art of Detecting Disease. By Alex. P. Buchan, M. D., F. L. S. To which are added, Tables of Symptoms.

Novus Thesaurus Semiotices Pathologicae, quem collegit atque edidit Mauritius Hasper, Medic. Chirurg. atque Philosoph. Doctor in Universitate Literarum Lipsiensi, &c. &c. &c. Vol. I. Lipsiae, 1825.

Manuel de Clinique, ou des Methodes d'Exploration en Medecine, et des Signes Diagnostiques des Maladies ; contenant un Precis d'Anatomie Pathologique. Par L. Martinet. Paris. 1825.

Semeiologie Generale, ou Traite des Signes et de leur Valeur dans les Maladies. Par F. J. Double. 5 tomes. Paris, 1811—1825.

physical powers, he may be called upon to act in circumstances of novel combination, and of unusual danger, requiring the prompt and determined, yet cool and considerate, exercise of every faculty of his mind ; so that the slightest imprudence may lead, in some unguarded hour, to results destructive of that fame which it has been the business of years to build up, as well as of that peace of mind which it is every man's interest, and every honest man's wish, to preserve. Among the habits which have arisen out of this uncertain kind of life, may be considered that habitual temperance by which, notwithstanding occasional exceptions, the faculty are remarkably distinguished : they may be considered as men who, like gamesters, but with far different motives, find it necessary to keep the mind at all times in the fittest state for exertions which must be, at the same time, characterised by caution and by boldness.

It is true that, with a very moderate, and even an occasional attention to what is continually coming before him in practice, certain habits of acting are soon acquired, which enable the practitioner to satisfy those who seek his aid : but this does not always bring along with it that kind of satisfaction, without which all the praise of all the world is insufficient to produce happiness—self-satisfaction. Leading symptoms may soon become associated with modes of practice not attended by such marked want of success as to alarm the patient, or to rouse an indolent and unreflecting man. There must be a proneness to be deluded, against which we require to be strongly and frequently warned, when we learn from Fordyce that he ‘has heard Dr. Fothergill and others state, in a serious harangue, their inspiration, not only in the knowledge of diseases, without inquiring into their external appearances, but that prescriptions have flowed from their pen, without any previous composition in their mind.’ Few men who are in the habit of writing prescriptions will be at a loss to understand how the latter part of this apparent boast might be verified, without any great compliment to the alertness of the individual. But, as regards the former part, it is most charitable, and, indeed, most reasonable, to suppose that the persons in question were mistaken. It is seldom very easy to retrace the steps of reasoning by which we have been conducted to an opinion concerning any particular case before us, and perhaps it is sometimes impossible : whence, among other consequences an idea has obtained that good practice may be based on bad theory, or rather that the practice may be very good, whilst the reasoning which leads to it is very bad.

The rapidity of mental operations is in these instances too great for words and expression. Particular symptoms may so repeatedly have presented themselves to the observation, in conjunction with certain morbid processes or changes, requiring and being relieved by peculiar modes of practice, that the connexion between the symptoms and the disease, and the association of both with the practice, is so quickly and easily formed, as to seem independent of the reasoning which first led to the association, and which is repeated whenever the association is renewed. This may be convenient enough for general purposes ; but we must be strangely intoxicated with success, or strangely fearless of consequences, if we do not meet with cases in which the operations of our minds are the very reverse of rapid, and in which the successive steps of our reasoning, as they are deliberately taken, are readily retraced. An impartial review of the easy and complacent efforts of Dr. Fothergill and the other practitioners alluded to, would have shewn them that their efforts were in reality little concerned in the favourable result ; and it would be to turn the good of such convictions into deadliest wrong, if, instead of using them as arguments for redoubling our watchfulness, we allowed them to lull us into indolence and irremediable mental carelessness.

Besides the vigilant observation which we have said is required from the practitioner concerning the general principles of his profession, and a continual holding of himself in readiness to apply them to practice, it is not unfrequently his duty to make particular examples of disease the subject of separate and especial reflection. If the barrister devotes his most serious attention to individual cases involving pecuniary interests, the physician ought surely to do no less where the comfort, the health, or the life of an individual is concerned.

The difficulty which the mind has in comprehending and arranging all the symptoms and circumstances connected with every case of disease, in order that the means of cure may be exactly adapted to each, constitutes, indeed, almost all that is difficult in the science of medicine. However lightly such a task may be thought of by some, or however mechanically performed by others, it calls for the best exercise of the intellectual faculties, and often in situations and in states of feeling not at all favourable to the tranquil performance of the operations of the mind. No error can be more fatal to a young practitioner than too light an estimation of its performance ; and no stronger proof of indolence or of incapacity can be given by an old practitioner than not to be more

skilful in this particular than the beginner. In the acquisition of this faculty, increasing as it must do in power and facility of exercise with every successive year, consists nearly all the benefit of experience ; for experience without observation and reflection teaches no wisdom, and a man may be old in years and young in hours (to reverse an expression of Lord Bacon's,) young and unpractised in the art of distinguishing the seats, stages, and forms of disease. If the knowledge of disease was easy—if every case presented a combination of signs so precise as to cause it to be easily recognised, and referred, without reservation, to a particular class, or understood by a name applied to a certain collection of morbid phenomena—and the practice of physic consisted merely in the administration of medicines of known powers to cure such diseases,—there would be nothing in the duty of the physician which any man or any woman of tolerable memory might not learn in a year—no distinction between the well-intentioned quackery of ladies and clergymen and the well-directed practice of the first professional man in the kingdom. But as in extra-professional practice there is ever this insurmountable difficulty, that good medicines are given in states of disease to which they are not adapted, and kill or cure at the mercy of chance, so, in regular practice, the shades of distinction between one practitioner and another take their colour from the superior discernment of actual states of disease, and the felicity with which, out of an immense choice of materials, he selects those which are best adapted to the exact combination of symptoms before him—a combination which may vary, and does vary, in the cases daily seen by him, as widely and as endlessly as the features of the countenance in the individuals composing the crowd of mankind.

The wide range of facts presented to the inquiring practitioner concerning every separate case—the delusive resemblances between cases—the points in which they differ—the distinguishing peculiarities to be set against the agreement found in the principal characters of complaints—the erroneous evidence ignorantly or studiously given—the valuable information accidentally imparted, and which is to be seized on and remembered even to the exclusion of apparently more prominent circumstances,—call for so accurate an attention, so careful a comparison, so faithful a memory, for an imagination so happily tempered, (suggesting all useful probabilities, without leading away the mind from reality;) and, to crown the whole, for so sober and enlightened a judgment, as to justify the warm expression of Baglivi, who calls the power of

diagnosis and prognosis, which is the result of these attributes — *pene divinum*. Though no system of education can create these faculties, the prescribed studies of the physician are well calculated to improve them ; and if it were merely for the exercise of the *senses*, called for by many of the studies which are collateral or preparatory, and which men of impatient character are apt to consider as too remotely connected with practice to be worth attention, such pursuits would yet be a highly valuable part of a professional education ; ‘ *itaque ista quoque naturæ rerum contemplatio, quanvis non faciat medicum, aptiorem tamen medicina reddit.* ’ No reasonable doubt can be entertained of the original diversity of men’s capacities ; but it can as little be doubted, that many men continue stupid for want of mental exercise—mere wastes of intellect, of which culture alone could shew the value. The capabilities of the mind, like those of the voice, may often be called out into very unsuspected power by a skilful master ; and long habits of indolence create a disease of thought, in which its powers, like the limbs of a hypochondriac, become contracted from the mere want of exertion.

No doubt physic may be practised, and is practised daily, with credit and success, by men possessing either a part only of the above-enumerated mental attributes, or all of them, in a degree inferior to that which is here supposed necessary ; but the nearer the practitioner approaches to this standard, the better will he practise, and the more extensively will he be useful to those around him. And though of all descriptions of merit this may be the most difficult for the public, or even for any individual, to appreciate justly—because no physician can be traced through the whole of his practice so as to disclose accurately and truly even its general results—and though the grossest mistakes often pass unnoticed, and the brightest exertions of medical talent may be often unknown to those who have profited by them,—yet, taking a general view of the progress and success of different members of the profession, we are inclined to think that great eminence and public estimation are, upon the whole, distributed with considerable justice, and are more generally the reward and the effect of this one qualification (that of distinguishing diseases, united with rational practice,) than of any single qualification that can be named. We see the possession of this gift often atoning with the public for the want of learning, of science, of manners, or even of the common habits of polite life ; and now and then find the bold pretension of possessing it alone elevating the most ignorant men into temporary notice ;—so

strangely sometimes do people give their belief to the tricks of a charlatan and to affected intuition, forgetting that where this knowledge is truly possessed it is perhaps never boasted of, and assuredly never theatrically displayed. Seeing, then, that the possession of this gift, or power, or knowledge, this *tact*, which no precept can teach, and no eloquence can impart, when possessed in a high degree, is attended with so many benefits, with great power to do good, and with that fame for which all men are panting ; and seeing that no man who is naturally unable to acquire it, or is too indolent, too careless, or too grossly ignorant to wish for it, can ever, by any patronage or vantage ground of fortune, attain distinction in medicine, or command to any extent, and permanently, the confidence of the public,—every worldly consideration combines with every higher motive of duty to persuade physicians to pay deep and earnest attention to this matter, and to think no pains, no patience, no labour, no study, too painful or too great to acquire it.

‘ Qui studet optatam cursu contingere metam,  
Multa tulit fecitque puer, sudavit et alsit.’

We have been led into these considerations by the inspection of several modern productions in our own and in other languages, the object of all of which is apparently to facilitate the acquisition of the important knowledge of which we have spoken. It seems to have been very early, or rather it must have been invariably felt, that the student’s attention to his profession might have been very great, his attendance on the sick diligent, his observation of his seniors exact, and his habits industrious in the highest degree, and yet, when he began to practise for himself, he found, as every practitioner had found before him, that there were many truths, and many facts, and a thousand forms of disease and danger, which no previous study had shewn, no observation of another’s practice could teach, and no system of physic could reveal to him ; and an important branch of knowledge yet to be acquired, which had never yet been communicated by speech, and could never be conveyed in words from one intelligent being to another. In almost all the ancient medical writings we find laboured chapters on the value and importance of separate symptoms, most of which were either transcripts from, or comments upon, the work of Hippocrates, the first writer in this department, both in point of date and talent.— Much space continued to be devoted, in many learned works, to commentaries on the aphorisms containing these supposed words of wisdom, until the close of the seventeenth century.

or rather later. Within the last twenty years, the same feeling yet continuing to prevail, the same uncertainty, and the same longing after something like security, several works have appeared, in this and in neighbouring countries, in the same department of inquiry. If there was any advantage in mere enumeration, it would be easy to make a very long list. The work of M. Landre Beauvais, and the more recent and, perhaps, better arranged one of M. Double on Semeiology, have had many readers in this country : the latter may confidently be referred to as valuable both for the matter and the style. In our language, a work on Diagnosis, by Dr. Hall, is well and favourably known to the profession, the first part of which has subsequently appeared in the form of a distinct Essay on the Symptoms and History of Diseases. Dr. Hasper, of Leipsic, has published the first volume of a collection of inaugural dissertations, under the title of *Novus Thesaurus Semiotices Pathologicæ*, each dissertation being confined to the consideration of a particular class of symptoms. M. Martinet has just put forth a very useful little *Manuel de Clinique*, which may be classed among those relating to the subject. A small work published anonymously by Highley in 1822 ; and, lastly, Dr. Buchan's Lecture on Symptomatology, to which is appended a Table of Symptoms, chiefly copied from Berkenhout, nearly complete the catalogue up to the present day.

From our previous remarks, it will be collected that we believe all these able authors to have aimed at the performance of impossibilities : but although we may withhold the praise of any great practical utility from their works, we are very far from saying that they can be read without interest or without advantage. Being composed of many parts, and calculated rather for occasional consultation than for regular and attentive perusal, they scarcely admit of any thing like analysis. It is this peculiarity which, admitting the merits of the works to be equal, would lead to a preference of that of which the arrangement was the most lucid, and which could consequently be referred to with the greatest readiness. Nothing but labour seems required to collect from ancient and modern tomes an overwhelming collection of *observations* and aphorisms ; but the selection and the arrangement of them is a far more important and far more difficult task. There are but two modes in which such works promise to be useful—either as helps to the acquirement of a knowledge of disease in general, or as resources when cases of difficulty occur. Whatever advantage might be derived from the first mode of application

will probably always be impeded by the more regular modes of study which must primarily be pursued, and which cannot be followed without advancing the student beyond the mere threshold of semeiology ; the second application may be made by men of all ages and degrees of experience, since the varieties of disease continue to present something new to the latest day of the observer's life. With a view to this application, some space may, perhaps, be usefully devoted to a consideration of the different works at the head of this article, following that arrangement which, upon the whole, appears attended with the fewest inconveniences.

The best method of attaining a perfect understanding of obscure and difficult cases is not very easily determined ; for though such must occur to every practitioner, and in numerous instances to those who are beginning to practise, there is no particular source to which a practitioner thus situated can be referred for comfort and counsel : even the laboured works on semeiology leave the direction of the inquirer very incomplete ; and there is always considerable hazard that a pursuit commenced in anxiety and pursued unadvisedly may be hastily abandoned, without leading to any happy results.

All authorities agree in recommending very careful inquiries concerning various circumstances connected with the patient before visiting the sick-room. Foreign writers are tediously and unnecessarily minute on these points. But speaking as persons not at liberty to pursue the matter wholly as a study, but whose duty it is to act with regard to other members of the society in which we move, our first object, as a matter of established convention and courtesy, must be to obtain from the friends of the patient, and from the practitioner who may have been in attendance, a correct detail of the symptoms from the commencement of the malady. If we seem here to speak more exclusively with reference to the physician, it is to be recollect that the physician's early exertions are generally called for in despairing, or, at least, in very bad cases ; and his continual duty, even in more advanced life, is not so much to attack disease in its onset and first assault, as to confront it when it has acquired boldness from partial conquest, and virulence by neglect. But all details to be gained in this way, and more particularly those to be gathered from unprofessional persons, are generally so confused and incorrect, as not only to be of no service, but to interfere with that unprejudiced examination of the patient which must be made by ourselves. The information which may be imparted to the physician by an intelligent apothecary, both regarding the se-

ries of symptoms observed previous to his being called in, and the predisposition and habits of the patient, is often valuable, and such as we should not only do very ill without, but should vainly seek to obtain from other sources. But the order of many particulars has often been forgotten, and many have not been exactly noted, because at one time there was no expectation of such a report being called for; and thus it happens that even, from a very competent medical witness, the detail of the case produces a less distinct impression than that made by the patient himself, with which, at the same time, it seldom fails to become mixed and interwoven to our disadvantage.— Having procured, then, a very brief account of the duration and general character of the disease which we are called to treat, and of the measures that have already been pursued, going a little more into historical detail where the case is chronic, the best plan is at once to see the patient, and, making a very diligent use of our own senses, to put such questions to him in a quiet and orderly manner, as may, without effort, draw from him an account of his sufferings and his sensations. We must not forget the allowance necessary to be made for the exaggerations of a sick-bed and a state of uneasiness, nor the caution with which it is necessary to receive the hints and interpolations of the by-standers, which are often inconceivably erroneous. When the disease has existed for some time, our task is to investigate as far as we can the original character of it, and we shall frequently find symptoms important in a medical point of view have excited little attention, and have been very imperfectly described, if mentioned at all. It is unnecessary to dwell on the perplexities of causes and effects in complicated diseases, and how important it is to distinguish one from the other. In the course of these interrogatories, more or less prolonged according to the nature of the case, we are to employ our eyes and our hands, our senses of sight and feeling, and in many cases of hearing, also, to procure additional evidence; and where any secretions or excretions are described as peculiar, or suspected to be so, we must provide at our first visit for completing the body of evidence at the second, deferring our final estimation of the case and the plan of treatment until such visit. This may often be impracticable, and we must submit to circumstances; but where such impracticability exists, our chance of practising with self-satisfaction and with success is materially diminished.

With respect to the examination of parties, different physicians follow different methods. The order of the several subjects of our examination is perhaps of little importance, provi-

ded the questions themselves are put in the order which must result from directness of intention. A physician, with a patient before him, is not likely to think of, or care much for, the arbitrary and not very intelligible division of functions into vital, natural, and animal ; but the plainest understanding can trace the circumstances which attend the food in its passage through the organs of digestion and assimilation, beginning with the appearance of the tongue; and it is easy to imagine a convenient method of investigating the state of the intellectual, the nervous, the respiratory, and the muscular functions. It is, in short, useless, and almost absurd, to lay down pedantic laws in a matter in which every man of tolerable talent soon makes rules, or forms habits which have all the effect of rules, for himself. Supposing that the medical visitor allows, as he ought, the patient to tell his own story without interruption, he cannot fail, during the narration, regardless of all "the rules of the schools," to deduce some inferences from the general appearance of the invalid, from his countenance, his position or attitude, from his *embonpoint* or from his manner of speaking. Whether the patient is in bed, or sitting in a chair, or walks into the room to us, we all collect certain data at once, and without premeditation, referring to the state of his external senses, his moving powers, and even concerning the general condition of his body and mind. Illness soon traces its characters in the lines of the countenance; several disorders produce very striking alterations in the colour of the whole or of parts of the face; certain kinds of pain are relieved by peculiar attitudes. The state of the respiration, also, is often manifest at a glance; and the sound of the cough, as the patient comes along the passage, often reveals to us at once that fatal knowledge which scarcely requires support from further evidence. The great advantage of all the information derived in this manner is, that it is so little open to fallacy.

Declining, then, for our own parts, any attempt to lay down precise rules for the *order* of our examination, or, at least, before obtruding on the reader such as might appear to us the simplest and the best, we shall endeavour to condense the directions and the information contained in the works before us, as a subject of liberal and not unprofitable discussion.

Without going into the minute particulars which some of the continental writers consider necessary as matters for diligent inquiry, previous to examination of the case itself, and which particulars could only lead to a great deal of useless

gossip, to the great comfort and satisfaction, perhaps, of the nurses, but to the great weariness and confusion of the physician—leaving, in short, much of this to the common sense of practitioners—we find Dr. Buchan advising us to begin by inquiring whether any pain is felt, and Dr. Hall preferring that the first inquiry should be concerning the duration of the disease. Both modes may now and then be the best ; but sometimes others may be preferable to either, and no general rule can be given, or, if given, could be complied with. The mode of investigation adopted by each individual will be found to vary in proportion to his knowledge ; and very few men can be supposed to be such creatures of habit, as to put their questions to all patients and in all circumstances in the same form. Every question has an object, and the nature of the object must always determine the character and the order of the questions. After a few interrogatories, any previous arrangement must be modified by the answers they have elicited. A man of experience will put them in one order ; an inexperienced man in another ; a theorist will pursue his own visions ; an impartial investigator will have a manner of his own. Still, as we have already remarked, unless there is order of some kind, all questions will be vain and fruitless ; and there are some practitioners who, to the end of their lives, never seem clearly to comprehend this order. The besetting error of what is called the study of symptomatology is, that it makes the mind prone to fall into the easy fault, so welcome to indolence, and so agreeable to the impatient, of resting too much on some single symptoms, as on the state of the pulse, which, taken alone, is, even more perhaps than any other isolated phenomenon, what it was pronounced to be two thousand years ago, *fallacissima res*. We think Dr. Buchan has erred in this respect on the subject of pain. Singular exceptions to the importance of this symptom, even, when severe, are sometimes presented to us : cases in which it may almost be called unimportant, and in which *local* attention to it would be absolutely mischievous. Thus we have seen excruciating pain in the region of the liver, instantaneously and permanently relieved by freely laying open a carbuncle in the back. On the other hand, cases, in which the pain is by no means a prominent sign, are often of the most serious character, of which Dr. Buchan has himself accidentally furnished a sufficiently strong, but by no means a solitary example, when treating on another subject.

"A man had for many months been affected with dyspepsia, or rather complete loss of appetite, accompanied with ex-

treme extenuation. He continued, however, to take small quantities of food till the time of his death. On examination of the body, a large portion of the stomach was found converted into a hard scirrhouss mass, interspersed with dark-coloured tubercles, presenting altogether the character of cancer. In other parts of the stomach there were a number of apertures, which, during life, must have been connected by adhesive inflammation with the neighbouring viscera, by which the escape of the contents of the stomach into the abdominal cavity was prevented. Notwithstanding the existence of this mass of disease, the patient never made any other complaint than of a dull burning pain at the pit of the stomach.'

Again, we cannot give a better instance of the inconvenience of speaking separately of symptoms, and of drawing conclusions from them detached from the group of appearances of which they must always form a part, than by observing the manner in which the author just quoted has treated this simple preliminary question of pain. He observes, first, that—

'Pain in the front of the head generally indicates fullness of blood; in the occiput, or hind head, exhaustion, or nervous debility, frequently consequent to fatigue. The former is relieved by blood-letting and other evacuations; the latter requires repose, cordials, and gentle opiates.'

How satisfactory such a plain distinction appears! yet we are surely warranted in saying that nothing can be more delusive. Does not daily experience shew us cases of determination to the head, in which the vertebral arteries seem chiefly concerned? Do we not continually find the nervous and the weak, the sensitive and the dissipated, afflicted with pains in the forehead, which are aggravated almost beyond endurance by 'blood-letting and other evacuations?' Imagine a student fortified with this dogma of symptomatology, and say how many mistakes it would require to deliver him from an error so unfortunate for his patients! The dogma is even inconsistent with the very sentence which follows it.

'Fixed pain seated over one of the eyes, which has been termed *clavus hystericus*, indicates torpor or debility of the stomach, generally removeable by warm, bitter eccoprotics.'

We do not mean to deny this altogether, though we undoubtedly object to its being adopted as a maxim. The symptom is a very common one, and sometimes yields readily enough to tonics and valerian; but is sometimes a part of other complaints, occurs in violent paroxysms, and is not, by any

means, to tractable. In short, it is not the truth of the axioms, but their general application and their distinct value, which we dispute. Thus, separately taken, we cannot see the value of such observations as, ‘Pain of the small of the back is the precursor of fevers;’—‘Acute pain of the bowels indicates inflammation, diarrhoea, dysentery,’ &c.;—‘Aching of the knee is symptomatic of disease of the hip-joint;’ with many others of a like kind. Pain of the back may be felt a thousand times, and from a thousand causes, without being the precursor of a fever, and so of the rest. The symptoms are only valuable when considered in conjunction with others. But it is unnecessary to pursue this subject any farther.

To revert, then, to the subject of our observation of the patient, it is evident that our means of doing this will be amplified in proportion to the perfection of our external senses, and to their vigilant exercise, as of the touch, sometimes by pressure, sometimes by percussion, sometimes as our only means of ascertaining the form and nature of morbid growths which cannot be subjected to view ; of the hearing, during percussion, and in what is called mediate auscultation ; of the sight, both in general observation and minute examination. ‘Of all the qualities,’ says M. Martinet, ‘with which a physician should be gifted, there is none more essential, and more important towards the value of his observations, than that of delicate and faithful sense, which will become still more perfect by being exercised. He should possess penetration, without too great subtlety, a wise discernment, and, above all, a great deal of patience.’ It is, we fear, from some want of the last-named precious, every-day quality, that the accurate diagnosis afforded by the stethoscope has yet, comparatively speaking, been profited by among practitioners so little : but there is no denying, that the neglect of that valuable instrument is in part attributed to the circumstance of its exclusive information being confined to states of disease not admitting of cure. Elevating as may be the sentiment of pursuing medical researches as a pure study, ‘not of this noisy world,’ it is impossible to secure the practitioner from moments of responsibility in which he feels, wrongly perhaps and ignorantly, but yet strongly, that he would sacrifice all his boasted science for a possible extension of his practical resources, and accuses himself of having missed the latter in his pursuit of the former : and it is the remembrance and the dread of these self-accusing moments, which makes all medical men so eager after practical knowledge, and often negligent of the right way to its acquirement from over-eagerness to find the shortest. One advantage arises

ing from the use of the stethoscope, a subordinate and adventitious one, but yet of great value, is, that by revealing to us the *exact* state of disease in maladies of one part of the body, it makes us dissatisfied with such *general* ideas of the affections of other parts as are frequently conveyed by phrases in common use, with very little meaning attached to them. How often we are told that a patient has ‘a liver complaint,’ or, with a greater appearance of wisdom, that the disorder is ‘entirely in the digestive organs !’ In these cases, we should not dissemble with ourselves, or cloke our ignorance under such vague and hollow expressions, but carefully examine what ideas we really possess concerning the existing state of the disease, and our reasons for entertaining them: we should ask ourselves what is the nature of the disease, what structure or part of the body, or of any organ of the body, is the seat of it, and what is the present state and stage of it. If we cannot answer these questions, it becomes us to be humble, and to seek for further information; for by this process of mental exertion alone is it that

— ‘old experience can attain  
To something like prophetic strain.’

But of all the means of acquiring a knowledge of the condition of the patient, independent of direct question, *observation* of the patient is perhaps the most important: there may be much difference of opinion respecting the extent to which this may be useful, for few people have sufficiently cultivated their powers of observation to be fully aware of their extraordinary capabilities. The *visus eruditus* is not a peculiar gift of nature, bestowed on one or two individuals among many: the organs of sense may, it is true, be more highly finished in one individual than in another, but in a general way the superiority of an observer over other observers consists less in his having abler faculties, than in his making a better use of them. On this subject M. Double expresses himself very strongly; he says—

‘ It is from this source(observation of the attitude and general appearance of the patient), more than from any other, that the physician obtains certain information relating to the character, the period, and the danger of the malady: I would give up the practice of medicine if I must be deprived of this kind of examination, on the experience of which are chiefly founded the promptness and certainly of medical tact.’

Dr. Buchan’s testimony is to the same effect:—

‘ Doubtless there exists a pathological physiognomy well worth the attentive study of the industrious practitioner. Ev-

ery internal disease of a serious nature imprints upon the countenance of the patient a certain cast, or air, from which the attentive physician may derive an important diagnostic. It is related of the celebrated Dr. Stoll, of Vienna, that he could distinguish the trade of every artisan who applied to him for advice, by the peculiarity of his manner. I am myself acquainted with an individual who possesses a considerable share of this peculiar discriminative faculty. Let us reflect, that the veterinary practitioner, and those persons who make infantile diseases the chief object of their attention, have no other means of guiding their judgment than attentive observation. The possession of this discriminative faculty in perfection constitutes what has been termed the scientific tact, and forms, perhaps, the ultimate perfection of medical talent.'

Dr. Hall says—

'I have had repeated opportunity of observing an eminent physician, on approaching a patient, and that even during sleep, express his opinion respecting the nature of the morbid affection, the justice of which, time and the event have verified. This circumstance first convinced me that there was something in the *general* aspect and appearance of diseases, on which the experienced physician finds a diagnosis, and which it would be of the greatest utility to analyse and describe.'

The appearances which have formed the basis of all the above remarks have been repeatedly detailed, or at least repeated attempts have been made in every age to convey ideas of appearances which can scarcely be described in words. The graphic descriptions of the face and attitude in Hippocrates, Celsus, and many other eminent writers, are familiar to every classical reader, and many of them have been verified by all subsequent experience. That much more is to be learnt in this way, is very evident from the above quotations; and, for this purpose, we may advantageously exercise our discrimination in attempts to surmise the complaints of persons presenting themselves before us previous to their commencing the statement of their diseases: such a practice can be attended with no inconvenience, and will be found creative of an eventual discernment, which cannot fail to prove of singular utility on many occasions. The chief object of all this care is to avoid what it may be feared is no very uncommon fault,—that of deciding at our first visit on the particular nature of a disease, and subsequently suspec-

ting the soundness of the decision without having the courage to reverse it.

We shall now proceed to offer a few remarks on the different divisions of this extensive subject, under the various heads into which it is naturally divided, beginning with

**THE FACE AND ATTITUDE.**—Among the dissertations contained in Hasper's *Thesaurus Semioticus*, is one by Dr. Bentius, of Berlin, exclusively on the subject of the appearances of the face in health and in different diseases, containing remarks and quotations collected from various sources, not only from medical writers, but from divers ancient and modern authors, ethical, metaphysical, and poetical; from painters, from professors of dancing and *ballets*, from devisers of pantomimes and mimicry, Greek, Roman, French, English, and German. We rather admire the patient labour of this gentleman, than acknowledge the advantage of all this to medicine, or even of the abstraction from general descriptions of diseases those parts only which relate to the face. A few extracts, with the notes belonging to them, selected chiefly for their brevity, will, however, best shew the nature of this work, and the degree in which it admits of useful application.

**'HEPATITIS.**—The face has a dirty and yellowish appearance, and is sometimes suddenly jaundiced: many writers have noticed a deeper redness of the right cheek than of the left. (Stoll. Aphorismi. Schmalze; Diagnostische Tabellen.) If the disease goes on to gangrene, the dirty hue of the face is much increased, and it looks much aged. (Stoll. Aphorismi.) If dropsy supervenes, the face becomes paler, with a leucophlegmatic swelling of the inferior palpebræ. Induration of the liver is betrayed by a cachetic and abdominal, or, as some term it, a hepatic face. (Stahl, Diss. de Facie, morbor. indice. Baglivi; Praxis, Med. lib. i.)

**'ENTERITIS.**—In no other abdominal inflammation is the countenance so timid, dejected, and collapsed: (whence many physicians have written much at length on the appearance of the face in this disease: particularly Morgagni, Frank, Stoll, Richter, V. Swieten.) As the disease is often of a malignant character, and more dangerous than other inflammations of this class, therefore when the face is much affected, we have to apprehend gangrene.

**'HÆMORRHOIS.**—It can scarcely be denied that there is something peculiar in the face of persons who labour under this complaint: but it is more easily recognised than described. I should say that the lineaments of the face were more

deeply carved, so as more acutely to express the affections of the mind. It is, besides, almost always of a deeper colour ; having a somewhat dirty, green appearance, and the abdominal (hepatic) character. ("Et pluribus quidem emorroidas habentibus adest color proprius eis, et est citrinitas declinans ad veriditatem."

'PHTHISIS NERVOSA.—(Tabes dorsalis.) Pale, cachectic face ; often a remarkable lividity of the lower eyelid. The eyes are languid, dull, hollow, glassy, wandering, and avoid a direct gaze.'

We have only to add, that all the references are given with the utmost minutenesss.

Practitioners are very often consulted in an early stage of the exanthemata, when the eruption has not yet appeared so distinctly as to be an indication of the kind of disease which is coming on ; and it is often highly desirable, and always highly creditable to the person consulted, to relieve the anxiety of parents in these circumstances. The measles are often tardy in appearing, but 'the eyelids are frequently red and swollen, and the eyes injected, *before* the appearance of the rash, and there is usually catarrhal affection ; the rash begins in spots on the face ; and there are sneezing, intolerance of light, &c.' Dr. Benstius adds, that a livid or greenish redness of the cheeks at the period of desquamation, shews that there will be troublesome secondary pneumonia ; an observation which, if well founded, may be valuable.

In all cases in which the conjunctivæ are observed to be yellow, it has been much the custom to accuse *bile* of being the cause of it, and to fly to blue pill or calomel, 'followed up by a dose of salts to carry it off.' We have long suspected the soundness both of this theory and practice, and are sorry to find the theoretical part sanctioned by Dr. Buchan, and by so close an observer as Dr. Hall. There is assuredly considerable difference between the large injected yellow streaks in the eyes of a weak dyspeptic patient, and the general saffron injection of the conjunctivæ of a patient in jaundice : and we believe that blue pill and calomel will be as useless in the first affection, as, properly administered, they may be serviceable in the second. Another aphorism, however, of Dr. H. points to the correction of an error quite as general. Speaking of dyspepsia, Dr. Hall says, 'A state of sallowness of complexion, unaccompanied with the appearances just described, usually attends the more *chronic form* of this affection, denominated *dyspepsia*.'—The error to which we allude is that very general one of calling every sallow face *hepatic*, and

treating it as such: the term abdominal, which is used by some of the continental authors, would be preferable, but the last is too vague to be useful, and the former is too precisely erroneous to be safe.

Many physicians have remarked the obscurity often attending the existence of phrenitis; and dangerous as true phrenitis is, and forcible in its characters, we have more than once seen it exquisitely simulated. Its physiognomy is thus noticed by Dr. Hall:

'In inflammation of the brain, there is generally an expression of pain or uneasiness, manifested usually by knitting of the eyebrows, with delirium or coma; the pupils, from being contracted, become dilated, there are strabismus, grinding of the teeth, spasms or distortions of the muscles of the face, &c. with profound coma, and without the appearances observed in idiopathic fever.'

Corvisart observes, that several diseases of the heart are only cognisable by the appearance of the countenance, but we find nothing pathognomonic in those which are described. When the pulmonary circulation is not affected, the face is said to be often more florid than usual, and when the respiration is impeded, to be generally blue; but neither of these characters is peculiar to diseases of the heart, nor can we conceive a case in which the practitioner would be driven to rely upon them. If peculiarities in the structure of the heart exist, which shew themselves by no symptoms except an altered countenance, they can scarcely be called diseases—but we suspect the truth of the observation itself.

'In general,' says Dr. H. 'it may be observed, that the *brow* is contracted by pain within the head, the *nostrils* are drawn acutely upwards by pain of the chest, and the *upper lip* is raised and stretched over the gums or teeth in painful affections of the abdomen.'

A dark blue or cerulean appearance of the cornea, is remarked by Dr. Buchan to be 'pathognomonic of diseased spleen.' He had opportunities of verifying this observation, by examination of the bodies of many of the men who died after the expedition to Walcheren. The following observation is much less certain, we conceive:—'I have been enabled to detect a secret attachment to the use of opium, a habit daily gaining ground in this country, from a peculiar, flaccid, greasy state of the skin, and a singular intolerance of light.' The last-mentioned symptom is by no means an uncommon attendant on persons of delicate fibre, who are prone to the lighter forms of struma: and, as the ground of Dr. B.'s sus-

picion would be productive of as much injustice to the reputation of individuals, as another conclusion which he seems to approve of, that when a patient dislikes tea, he is fond of something stronger, we must reject it altogether. We really question whether the belief of the use of opium being daily becoming more general in this country, has any better foundation than the eloquent visions of the 'Opium-Eater.'

The *attitude* of a sick person in bed is generally indicative of the degree of his muscular power, and of the kind of pain which he wishes to relieve. It is, however, to be remembered, that a patient is not necessarily very ill because he keeps his bed, and that his sitting up may be only a consequence of the extremity of his suffering and danger; as in the instance of hydrothorax, and some diseases of the heart and lungs.—The malady may have increased until the patient could not bear the supine posture, and his debility may have so advanced as to prevent his leaving his bed, and we shall then observe him first requiring his head to be supported very high, then sitting up in his bed, or leaning forwards on his knees, and these latter attitudes are in general soon followed by death.—Most persons who lie down in health lie on the side, and on the right or left indifferently, a posture which is maintained by a continual muscular exertion: when weakness gains upon the invalid, he is not able to continue this degree of exertion, and therefore lies helpless on his back. The habits of different persons vary much in these particulars, and it is not unusual to find people who can never, or do never, lie on either side to go to sleep, without any disease; so that we must bear in mind the remark of Hippocrates, who seems to have remarked nearly all that can be said on this subject: 'Optimi autem sunt decubitus qui sanorum decubitibus similes existunt.' When a patient lies on his back with his knees raised, he may be considered as illustrating the utmost prostration of strength, and we may frequently observe this attitude in the worst cases of typhus. To use the words of Celsus, 'Gravis morbi periculum est, ubi supinus æger jacet porrectis manibus et cruribus:'—'mors denuntiatur, ubi æger supinus cubat, eique genua contracta sunt,' &c.—Lib. ii. c. 3 and 4. We more rarely find the patient lying on his face, an attitude indicative, according to Hippocrates, of colic, or of delirium.—In the most acute case of inflammation within the sheath of the medulla spinalis, which ever came within our observation, this attitude was invariably preserved, the head being drawn strongly up from the pillow. It may be useful to remember, that the constant elevation of the knees by a patient in an

*acute* disease, often denotes a distended bladder with retention of urine.—(Hall, Sect. 143.) In all cases, a return to the usual position of the patient is considered a favourable symptom. The description given by Dr. Hall of the attitude of patients affected with inflammation of the bowels, a disease which, when ascertained to exist, warrants such bold practice as should not be resorted to but on the surest grounds, is as follows :—

SECT. 135.—*In inflammation in the abdomen with acute pain*, a certain position of the body is chosen and retained, and all muscular exertion, motion, or change of position, is carefully avoided :—the patient lies on the back with the thighs raised, or he is supported in a somewhat elevated posture by means of pillows placed under the head and shoulders, or he lies on the side with the thorax and the thighs in a state of gentle flexion on the abdomen ; if he be desired to raise the head by muscular effort, an expression of aggravated pain is immediately visible in the countenance ; the hands, and perhaps the bed-clothes, are carefully removed from pressing on the abdomen ; the arms are put out, and the knees raised or depressed with great caution ; the manner is soft, and the voice low and plaintive, with moaning, and a suppressed kind of complaining.'

Lunatics are, we believe, frequently averse to the horizontal position, and seem to suffer if compelled to lie down. M. Double observes, that in some affections of the head the patients instinctively seek relief by sitting in a chair.

Diseases of the kidneys are often obscurely known during life. Dr. Hall describes the patient, in an inflammatory disease of those organs, as inclining somewhat to the side affected and a little forward, especially in walking ; and, in a painful state of the affection, as walking with unusual precaution.—(Sect. 143.) Dr. Buchan has an interesting observation relating to this subject :—‘ Some years ago,’ he says, ‘ I attended an officer possessed of great firmness of mind. His complaint was supposed to be a disease of the kidney. While he slept I had frequently observed his lower lip to become suddenly pale, accompanied with slight convulsive motion in a lateral direction. After death, one of his kidneys was found converted into a bag of pus. On consulting Morgagni, I found this peculiar appearance mentioned as a diagnostic symptom of diseased kidney. Hence may be inferred the advantage of paying a minute attention to the science of symptomatology.’

Hence, we should rather say, may be referred the import-

ance of that daily and nightly study of Morgagni, which used so forcibly to be recommended by Dr. Gregory. But we shall have to refer to this hereafter.

The interesting nature of these inquiries, their almost boundless extent, and, we believe we may add, the little familiarity which practitioners in general have with treatises exclusively relating to them, induce us to prolong the examination of the other divisions ; but the remainder of our examination must necessarily be deferred to another Number.

## MONTHLY SUMMARY OF PRACTICAL MEDICINE.

### I. ANATOMY AND PHYSIOLOGY.

#### **M. PELLETAN** *on the Galvanic Phenomena of Acupuncture.*

From the numerous trials lately made in France of acupuncture, the phenomena attending it have been much more minutely studied than in this country. M. Pelletan thinks he can observe, that galvanic indications are perceptibly given when a needle is plunged into a part of the body affected with pain. The quantity which was ascertained by the galvanometer of Becquerel is extremely small, being not the hundredth part of what is obtained from a single plate of the common voltaic pile. M. Pouillet asserts, that no galvanic action follows the use of a gold or platinum needle. This, however, is of little consequence, so far as acupuncture is practised as a remedy for disease, as its efficacy does not appear to depend in any degree on the galvanic action.—*Anderson's Quarterly Journal.*

### II. SURGERY AND MIDWIFERY.

#### **MR. CHEVALIER**, *on the Evils of Procrastinating the Operation for Hernia.*

The slighter the operation for the relief of strangulated hernia may be in itself, and in its probable consequences, the less considerable will be the objections against it ; and the

more decided and the more general the preference that it deserves over any other means by which relief in such cases may be sought.

The more unpromising any other means may be, the greater is the chance of their failure ; and of their employment becoming the occasion of the continuance of those circumstances which seemed to indicate their use.

The evils to be expected from the continuance of those circumstances, therefore, together with any that may result from the nature of the remedies employed, are to be weighed against the objections to the operation, when we would decide whether it should be immediately performed, or whether it should be postponed for the purpose of attempting reduction by those remedies.

It is the object of this paper to afford, from such facts as have come under the author's own cognisance, a just estimate of the dangers attendant upon the operation for the relief of all ordinary cases of strangulated hernia ; and to compare this estimate with the dangers, both of strangulation itself, and of the means commonly employed in aid of the taxis ; and, lastly, to point out some cases, wherein it is respectfully submitted to the consideration of the profession, whether the small encouragement afforded to expect reduction by the taxis be sufficient to justify its continued trial, with the prospect of such delay and danger as its employment, accompanied by its debilitating auxiliaries, is more likely than not to occasion.

The opening made by the trocar, in tapping the abdomen, is a punctured wound : it is made by a coarser instrument, and it is a greater injury to the peritoneum, than that which needs commonly to be made, at the bottom of a free opening, by the bistoury, in the operation for strangulated hernia. The opening made by the trocar in paracentesis abdominis has been many times known to remain open for some days, and air has been admitted into the cavity of the peritoneum ; and yet, in most of such cases, no bad consequence has ensued. The admission of air into the "circumscribed cavity" of the peritoneum rarely needs to occur in the operation for hernia ; and, where it does happen, it is scarcely ever found to protract recovery, or to render it less regular : and, indeed, it is very questionable whether the intrusion of a small quantity of pure air into a cavity, where it is not liable to produce chemical change, be ever a serious evil.

Whatever may have been the cause of strangulation, prop-

erly so called,\* it can scarcely be sufficiently complete, or have existed sufficiently long, to render reduction difficult, if even to have excited any alarm in the mind of the patient, without some degree of inflammation already excited at the place of the stricture, or, it may be, for a considerable extent around it. This inflammation, uncertain in its degree, arises from a cause presently to be more fully considered ; but it must be here observed, that the author has almost invariably seen it alleviated for a time, if not permanently assuaged and removed, by the operation.

In the operation for tying the external iliac artery, the peritoneum, although not opened, is torn from its attachments and exposed, and not very gently handled, and this through a considerable extent ; and there have, nevertheless, been several recoveries, without peritoneal inflammation. The peritoneum, situated as such, is not exposed in the operation for hernia ; but the hernial sac, a peritoneal production or process, is laid open ; and it is to be considered whether the objections to the operation are not founded upon this exposure, as well as that of the strangulated intestine ? It would appear that they are so ; and in this view they are to be estimated,—not, however, before it has been considered what other circumstances predispose patients to them. For it is certainly true (unless the author has much deceived himself,) that where the operation for hernia has been performed, before any other symptoms had come on, than those merely which are essential to the strangulation of an intestine, the wound has healed, and the patient has got well, without any unfavourable effect of the operation ! and hence it is to be presupposed that, where the operation has been followed by unfavourable symptoms, they are attributed chiefly, or at least greatly, to some other predisposing circumstances, rather than to the operation itself.

When a patient finds that his rupture will not go back, that he has no evacuation, and that the hernial tumour is becoming

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\* The term *strangulation* has been properly restricted to those wherein the circulation in the blood-vessels of the protruded portion of intestine is obstructed, or considerably impeded, by means of the stricture upon it; the term *incarceration* implying a mechanical impediment by the same means, but merely to the passage of the intestinal contents. Where less than the whole calibre of the gut is *strangulated*, one can scarcely say with propriety that the intestine is *incarcerated*; so that strangulation and incarceration may exist, either without the other: and I have seen each without the other, producing death, by sloughing of the intestine above the stricture.

tender, he immediately suspects the consequences ; and, upon finding the surgeon as unable as himself to accomplish reduction, he becomes confirmed in the opinion that the continuance of his present state is inconsistent with life. At the same time the intestines above the hernia are becoming more and more loaded ; their ordinary circumstances, viz. *those of a pendulous, freely moveable, and pervious canal*, are completely changed ; an injury is done to that part of the bowels which is within the stricture ; and a condition most palpably opposite to nature,—a condition wherein the course of the contents of the alimentary canal is inverted, is impressively and sensibly portended.

It may be that the patient is also in pain ; it may be that one of those diseases which most violently prostrate the strength, the peritoneal inflammation, has begun, and has arisen from a cause which its usually proper treatment cannot relieve ; so that every thing is tending to debilitate the patient, and to benumb the restorative powers of his system ; while a part of one of his vital organs is threatened with mortification, or gangrene has already commenced, and the conflict is extreme.

I have seen a woman who had no strikingly urgent symptoms twenty-four hours after her hernia had come down, and been strangulated : she had, however, an expression of countenance that made one feel that her case was serious, and a determined opinion that she should die. The operation was performed, as is said, only twenty-four hours from the commencement of strangulation, and the gut was found to have been opened largely into the sac by gangrene ; and the next day she died.

The consequences of the continuance of such a condition as has been described to be that of a patient labouring under strangulated hernia, or even of those circumstances which forebode it, are in some instances referrible *only to that continuance*. For example, in those cases where dividing the stricture and releasing the gut neither aggravates nor alleviates the symptoms, but where they go on as they would have gone on had no operation been performed ;—in those cases where the operation fails to re-establish the bowel in the due performance of its functions, and where the gut, although released, will not transmit the intestinal contents ;—in those cases where the operation fails to retard, or to prevent, the progress of ulceration and the access of gangrene ;—in those where the patient speedily dies, without any obvious cause ; or rather, perhaps, it should be said without any other ostensible

cause than the delay of the operation ;—and possibly in other cases also besides those which I have here enumerated, as having myself seen them.

Often, however, there occurs serious symptoms after the operator has relieved strangulation, which (notwithstanding the prostration of strength that it occasions, and the debilitating influence of violent sudorifics, nausea, and blood-letting, used in aid of the taxis,) are not exclusively referrible to the continuance of strangulation nor so indubitably its consequence. Where, for example, the symptoms produced by the continuance of strangulation have been relieved by the operation ; and where it is from twelve to twenty-four hours afterwards that the same, or similar, symptoms recur ; or where no serious symptoms existed previously to the performance of the operation, and where yet they come on afterwards.

In such cases, what degree of inflammation existed around the stricture at the time of the operation ? what degree of pyrexial symptoms ? or what degree of that disposition to asthenic pyrexia, which is the direct result of weakness, were to be observed at the time of the operation ? Were not the patient's restorative powers, together with the morbid energy of his circulatory and nervous systems, then benumbed, and (until the delayed operation, to a certain extent, relieved them,) too inert, too oppressed, to exhibit the danger with which they were then pregnant ; and by which they now subdue the still feeble, though liberated, sufferer ? In short, is the inflammation subsequent to the operation, in any degree, the effect of the wound and of the exposure ? If it were so, it should manifest some accordance with the state of the wound ; it should bear some direct proportion to the severity of the operation performed ; it should always originate at the wound, or spread from it as from a centre or source ; it should affect the peritoneum of the parietes in particular, or that of the handled intestine, in proportion as either has been more roughly handled ; but not one of these accordances is to be generally observed : while, on the contrary, in all states of the wound, where the operation has been very severe, where the exposed gut has been most handled and squeezed during the operation, I have frequently known no peritoneal inflammation follow ; and, where a patient dies of this *secondary* peritoneal inflammation (if I may so call it,) the intestine that has been included in the sac, and handled frequently, bears signs of a less degree of inflammation than it exhibited at the time of the op-

eration ; or it appears to have been even less inflamed and injured than the gut above.

But now I have almost always seen this peritoneal inflammation, both in its degree and in its progress, manifestly bearing a direct proportion to the severity of the symptoms previous to the operation, and relieved by it,—to the length of time those previous symptoms, and to the length of time the mere strangulation, were allowed to continue ; and, lastly, to the debility that has been induced by means employed as auxiliaries to the *taxis*.

Must it not, then, be hence concluded, that this peritoneal inflammation, although coming on from twelve to twenty-four hours after the operation, is not commonly its effect, but that of the previous strangulation itself, and of means ineffectually, and therefore injuriously, employed in the first instance for its relief ? or, indeed, can any other conviction be entertained ?—the fact I formerly stated being borne in mind, viz. that wherever I have seen the operation performed before any symptoms had come on, excepting those essential to every case of strangulated hernia, the wound has healed as well as its magnitude permitted us to hope ; and the patient has recovered as rapidly as his constitution allowed us to expect.

From among many in his possession, the author here introduces but two cases ; the comparison of which will illustrate, perhaps as well as two cases may, the opinions he has submitted.

CASE I.—Mrs. B. a delicate lady, æt. sixty, of extremely retired habits, and almost morbid sensibility, had for many years an irreducible femoral hernia on the left side. It had been more than once apparently strangulated, but had, happily, been always reduced by perseverance in the *taxis* ; the lady declaring, in every instance, that she was willing to die, but not to submit to an operation. In October last, her bowels having been obstructed for two days, the tumor, which was about the size of a goose's egg, became painful, and the patient awoke with violent pain in the region of the stomach.—In four hours the surgeon saw her. He found her countenance pallid, expressive of extreme despondency and distress ; her mind, indeed, seemed impressed by a confidence of the immediate approach of death ; her pulse was small, hard, and frequent ; the tumor exceedingly incompressible and tender ; any pressure upon it, or upon the abdomen, within a distance of six inches from the groin, producing excruciating pain. She was ordered to take *ol. ricini 3j. secunda quaque hora* ; she lost sixteen ounces of blood from the arm ; cold

was applied to the tumor ; such attempts as were considered justifiable were made to return the intestine ; and they were sufficient to show that the operation alone afforded a prospect of success. It was, therefore, performed seven hours after the surgeon first saw her, and about forty-eight hours after the constipation commenced.

Upon opening the sac, a fold of the small intestines was discovered, surrounded by a mass of adhering omentum.—The gut presented a healthy appearance. Its return was attempted now that the integuments were from off it ; but the division of the stricture was found absolutely necessary. The intestine was at length returned, the omentum remaining in the sac. The edges of the wound were approximated, and slightly dressed ; saline purgatives, with powder of cochineal, were prescribed. The violence of the pain in the region of the stomach ceased almost immediately ; the tenderness around the tumor speedily abated ; the patient became calm and composed. She had stools in the evening, coloured by the cochineal. The external wound healed by the first intention ; and, though it afterwards required to be opened for the evacuation of pus from the sac, the patient went into the country, and the wound completely healed in five weeks.

CASE 11.—Sarah P. *aet.* sixty, (in appearance, however, rather older,) had had a femoral hernia for six years. During the last three months it had been, on several occasions, irreducible, until after from ten to twelve hours, by the aid of fomentation, it had always ultimately gone up without a surgeon's assistance. In December last, the hernial tumor became much larger than usual, and was irreducible. The patient, however, had a motion on the following day ; after which she became sick, and her abdomen became slightly tender. When the surgeon saw her, she had been forty-eight hours without a stool ; there was no tension of the belly, and but slight tenderness ; she did not vomit. The tumour appeared to contain omentum, by the side of which a small portion of the intestines seemed, to have been squeezed down—The taxis was tried, and failed ; the swelling remaining tense. The patient was kept in the warm bath till she was faint ; she was afterwards bled to sixteen ounces ; a purgative enema was administered, and cold was applied to the tumor. The injection returned without feculent matter, at noon (of the third day,) and she vomited twice a dark-coloured fluid. On the next day, (the fourth, inclusive, from the time of the hernia becoming irreducible, and the third from her having a

stool,) she appeared in all respects as well as on the preceding day.

On laying open the hernial sac, its contents appeared such as had been supposed. The omentum, being adherent, was not returned. A saline purgative was ordered to be taken every two hours; and in five minutes a copious evacuation was produced. The tenderness of the abdomen abated; the patient passed a comfortable night; and in the morning was, to all appearance, as well as could have been hoped. The purgative to be repeated every sixth hour.

On the second day from the period of the operation, she had a restless night; her abdomen was tender; her bowels had been confined for twelve hours; pulse ninety; tongue foul, and dry. These symptoms increased; but were afterwards remitted during the night, upon her bowels being freely opened.

On the fourth day from the time of the operation, the ligatures, with which the wound had been closed, had broken away; the edges of the wound had separated. The discharge was sanguineous; the omentum was gangrenous and protruding; the pulse hard and quick, but the bowels still open. She was prescribed cinchona.

From this time she got worse: her bowels becoming obstinately costive; the pulse weak; the tongue furred in the centre; the stomach rejecting its contents; and the omentum sloughing. But, on the ninth day after the operation, the wound looked clean; and the stimulants, with the opium that she had taken, appeared to have had a beneficial effect. On the tenth day, however, cold sweats and delirium came on; the wound was again sloughy; and the woman died of gangrene next morning.

Upon dissection, that portion of intestine which had been in the hernial sac was dark coloured, but not apparently gangrenous; and the omentum was found mortified to some extent within the abdomen.

The treatment in this latter case was not severe. As far as the histories of the two cases prior to the operations are compared, in the delay alone it differs from the former; yet how opposite the events.

The bad consequences of continued strangulation of an intestine, are not the only inducements to operate, as soon as reduction by the taxis appears hopeless. If the operation have its dangers and objections, the taxis is not always free from risk. Whenever strangulation has taken place, and the surgeon cannot return the intestine, but finds it incompre-

ble, and in an inflamed neighbourhood, the case is complete; and, for all that can be discovered in the taxis, the gut may be so gangrenous as to burst; and I strongly suspect I have known it burst, even under gentle and justifiable efforts at reduction;—or again, as I have seen in two instances, it may have been cut or ulcerated through by the sharp edge of a very tight stricture;—or again, the intestine may be strangulated in a portion of omentum, and in such a state returned by the taxis; or, lastly, as I have also known, the gut may be only incarcerated, and so capable of being emptied by the taxis into the intestine above or below, without being capable of liberation sufficient to prevent constipation, and even gangrene, of the bowels above.

Upon the above considerations, therefore, the author has been led to distinguish those cases in which it is not likely that delay can possibly be attended with advantage. He has noticed some wherein the intestine is to be felt through the integuments to be hard, distended with feculent matter, and as if adherent; others wherein the gut appears turned up over Poupart's ligament, suddenly bent on itself or on the stricture, and strictly confined by the circumjacent parts;—others again wherein the protruded portion of intestine is so small, as to be evidently unmanageable; or so enveloped in omentum, or so restrained, as to preclude all hope of successfully applying the taxis;—others again, wherein the hernial tumor becoming incompressible, its contents are so little distinguished by the touch, as to warrant the opinion that they will be confined yet more, and are already confined too strictly to admit of successful treatment without an operation;—others again wherein strangulation has already continued long enough to have induced a degree of peritoneal inflammation, prospectively dangerous;—and, lastly, others wherein those symptoms, easily to be overlooked, are appearing, which indicate that fearful torpor of the restorative powers, that renders immediate and complete relief the patient's only chance of life.

In such cases as these, therefore, which I myself have observed, and in all others that are comparatively desperate, or excessively doubtful as to their event, after a competent judge has been consulted, and after he has decided that it is next to impossible, or highly improbable, that the taxis, however aided by treatment, will prove successful,—I submit it to such an one, and I beg to submit it to the reader, whether the chance of having performed an operation, comparatively so trivial without absolute necessity, be not preferable to that of having

employed means, inevitably so severe, without any relief!—whether the patient's chance of recovery, and even of a permanent cure, by an immediate operation, while he is comparatively in health, be not more than what he will retain if the operation be procrastinated,—If it be preceded by a process as severely debilitating as the time will permit?

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*MR. WISHART'S case of Amaurosis.*

W. S., a boy about nine years of age, was brought to me, the 21st April, from the country, on account of an affection of his left eye. He had completely lost the sight of it, and was not even aware of any difference in a bright sunshine. On examination, no difference could be discovered between it and the right eye, the vision of which was perfectly unimpaired. The pupil was of its natural size, and dilated and contracted readily. He had occasional headache over the left eye; looks rather pale and languid; tongue slightly loaded; his stomach is stated for some years to have been very easily disordered by any trifling irregularity of diet; is frequently affected with coldness of the extremities, and the fingers of the left hand are often spasmodically drawn into the palm of the hand, requiring some degree of force to turn them out; the left foot is also similarly affected, the toes being turned in under the sole of the foot.

The loss of sight is stated to be of about four months' duration, and is said to have come on suddenly, on being told inadvertently of the death of his grandmother. The delicacy of his stomach is ascribed to the misconduct of his nursery-maid, who very early got into the habit of giving him whisky at night to keep him quiet, being himself addicted to the use of that deleterious beverage.

Considering from the history of this case, that it was one that would probably yield to the use of evacuations, a full dose of ipecacuan was ordered, which owing to some family arrangements, he did not take till the 23d. It operated fully, and brought away a considerable quantity of visible phlegm, and a greater quantity of alimentary matter than was believed possible, from the weak state of his appetite. He was then directed to have, for two days, evening and morning, two pills composed of the colocynth mass, with half a grain of calomel and James's powder in each. The pills operated freely; the bowels were evidently loaded, and the matter passed was

of a bilious nature. The vapour of the aqua ammoniæ was directed to be applied to the eye three or four times a day.

On the 29th, from some suspision of worms being expressed by his parents, he got a dose of oil of turpentine and castor-oil, which also acted very freely, but no appearance of worms. The 30th, a small blister was applied to the mastoid process, and the following day it was dressed with the savine ointment. The ammonia excited considerable watering of the eye. The purgative pills were continued.

On the 1st and 2d May, he complained of a feeling of itching in the eye. No change had been observed on the vision. On the evening of the 2d he said, when the reading-lamp was brought into the room, that he could see the light of it; but on trial, he could not distinguish the finger, or any object held up before him.

On the 3d he got a cupful of senna tea instead of the pills, which operated three times, but more moderately in the quantity of the alvine discharge; and he said he could see his fingers. On the morning of the 4th, about four o'clock, he awoke, and was found by his mother labouring under a smart febrile attack; quick pulse, hot, dry skin, thirst and headach. About six o'clock he had a most copious evacuation from his bowels, greater in quantity than any former one, and very inconsistent, with numerous lumps of indurated feces. This was succeeded by an immediate abatement of the febrile symptoms, and profuse perspiration. The skin has always been observed to be dry.

When I saw him about mid-day, his sight was perfectly restored; he saw every object, even as minute as the second hand on my watch. The pulse was still quick. The issue discharged profusely, and occasioned so much irritation, that I desired the savine ointment to be omitted for twelve hours. He was directed to be kept in bed, and to take a dose of castor-oil the following day.

On the 7th, as the evacuations had become moderate and natural, he was allowed a respite of the purgatives: and as he appeared weak and rather languid, he was ordered half a drachm of tincture of columbo twice a day.

On the 10th he returned home with his parents, the vision perfectly restored; to continue the blisters for ten days, and then to take small doses of bark and valerian twice or thrice a day; constant attention to be paid to the state of his bowels. The issne was obliged to be healed, in consequence of its exciting much irritation, and painful swelling of the superficial glands of the neck.

This case points out very clearly the decided benefit derived from purgatives in such affections, frequently met with in young people, and generally found to be connected with derangement of the primæ viæ. In a young lady, who was under my care a few years ago, a similar plan succeeded, nearly in as short a period of time, in completely restoring the vision of both eyes. Her case had been considered by a country surgeon as one of approaching apoplexy, a very rare disease at the age of seventeen. In the present case, I am of opinion that the irritation from the issue was attended with considerable benefit, and contributed to bring it to a favourable termination.—*Edinburgh Med. and Surg. Journal.*

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### SIR GILBERT BLANE *on the Cholera of India*

GENTLEMEN,

Absence from town and urgent business have prevented me from acknowledging sooner the receipt of your letter, together with the report of the Medical Board of Madras, which you did me the honour to send me on the fifteenth of last month.

Though I almost despair of throwing any farther light on this obscure but very important subject, I must not decline offering such remarks as occur to me regarding it; for though I have no actual observation or experience of the Cholera of India, my public duties have led me to bestow much time and attention on the subject of contagion in general.

I begin with congratulating you on the high professional talents of your medical officers in India, which have never been more conspicuously displayed than in the great ability, candour, zeal, and unwearied diligence observable in the late Report from Madras. It is therefore with all due diffidence that I venture to make any comments upon it, in which I shall confine myself to the question regarding its\* infectious nature, and whether on any occasion means preventive of its spreading can be available.

1st, The first remark I shall make is, that those who advocate the opinion of non-contagion, appear to me to lay too

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\* The Medical Board of Madras state, that a difference of opinion existed among the Medical Officers of the Presidency, on the question of infection; but they advanced no opinion of their own on this subject.

much stress on the circumstance of great numbers escaping the disease, who have been exposed to it by the near approach or contact of the sick; for it is well known in the history of contagion, that in consequence of the great variety of the predisposition of individual constitutions, this is the case more or less with regard to every species of contagion; and, indeed, if this were not the case, the human species would long ago have been extinct, through the operation of pestilential disorders.

*2dly,* My next remark is, that it does not seem to me that those who have argued this question have been sufficiently aware, that whatever weight may be allowed to the above-mentioned argument, it militates much more forcibly against the supposition of aerial influence; for in this case, and in conformity with this argument, not a single human being could escape, inasmuch as every living creature must breathe the external air, whether pure or contaminated; whereas it is easy to conceive, that if the noxious principle resides in the morbid emanations of the human body, great numbers may never come within the sphere of them, either by contact or approach.\*

*3dly,* I have next to observe, that there does not appear to have been sufficient importance annexed to a circumstance which, I apprehend, may be considered a satisfactory criterion for discriminating contagious, or what are technically called, *Epidemic* diseases, from those depending on the state of the soil and air called *Endemic*. It is this, that if any disorder affecting a whole community arise from some noxious principle in the soil and air, it must, in the nature of things, attack *simultaneously* all who are exposed to it; whereas, if it proceeds from any morbid principle generated in the human body, its attack will be *progressive*; a certain space of time being necessary for it to pass from individual to individual, and still more from one region or community to another. I ask, if it is reconcileable to reason that this disease could have advanced gradually from Bengal, where it first appeared in Sep-

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\* Though the view of this case has escaped the attention of almost all professional writers, it did not escape the promptitude and acuteness of Mr. Peel, who urged it with great effect in the debate on the Quarantine Bill, on the 30th of March, 1825, in answer to Sir Robert Wilson, a partisan of non-contagion, and who, in the course of his speech, alleged that the soldiers were seized with the plague only in stationary situations, and never when on march.

tember, 1817,† to Bombay, which it reached about twelve months afterwards, following the track of the grand army in the commencement of the Pindarree war, through any other medium but human intercourse ? for, from the length of time, and the prevailing westerly monsoons, this is not reconcileable to an atmospherical cause. The whole history of the disease is an exemplification of the same process, as may be strikingly illustrated also by the latest accounts we have had of its progress from India through Persia to Syria and Astrachan, by the line of the caravans which conveyed it to these countries last year. Can any thing be more inconceiveable, or more repugnant to the plain good sense of the most ordinary understanding, than the idea that this could be effected by any quality of the air, or exhalation of the soil, either following these tracks, or generated in them in course of the last six years, during which so many countries, whether contiguous, or separated and distant from each other, have successively suffered under this calamitous scourge ?

*4thly*, I wish next to remark, that those who have argued against the existence of contagion from the impossibility of tracing it except at considerable distances, do not seem to be fully aware that the like argument might be adduced against the existence of the contagion of small-pox and measles, which, as every one knows, are frequently caught under circumstances of time and place, which would be held decisive against their being contagious, were it not that this is fully established by other facts. Such is the extreme subtlety of infectious matter, as ascertained by the common experience and observation of mankind.

*5thly*, The last remark I shall make is perhaps the most important, though at first sight paradoxical. It is, that both parties in this controversy have truth on their side. Nothing, I think, can be more clear, from the very luminous history of this disease as given in the Madras Report, that it has arisen on various occasions without owing its existence to contagion, and without communicating it to others, as exemplified in cases of a very limited number of individuals unconnected and uninfluenced by each other ; in which circumstances, after a partial prevalence, the disease disappeared without spreading, as stated in several passages of the Report ; while it is equally manifest from other parts of the narrative, that the disease

† It appears to have been generated at Jessore, a town about 70 miles N. E. of Calcutta, in August, 1817, and reached Calcutta the following month.

was certainly contagious ; nor is there any thing contradictory in this ; for it is perfectly consistent, abstractly considered, that the concurrence of two causes may be necessary to the producing of one effect. Nor is it dissonant to reason and experience, when brought into comparison with analogous cases ; for it is fully ascertained, with regard to the typhous fever of Europe, and the yellow fever of the West Indies, that though they sometimes appear in a *sporadic* and uninfected form, they do also, under certain other circumstances, assume a form decidedly contagious. These circumstances are chiefly, vicissitudes of weather, increased susceptibility created by fatigue, privations, crowded accommodations, want of cleanliness, and deficient ventilation, which added concentration and virulence to the venomous principle. It must at the same time be admitted, that there are circumstances stated in the Report so peculiar and anomalous, as not well to be accounted for on any known principle.

But the great portion of practical importance in this discussion is, whether, from what we know of this dreadful disease, any hope can be entertained of employing practicable and available means of arresting and averting its ineffable horrors.

This point, as well as some others respecting the question of contagion, will receive considerable illustration from what occurred in the Isles of France and Bourbon, in the years of 1818 and 1819. What is called the Indian Cholera, but which might be more properly termed the *Malignant Spasmodic Colic*, made its appearance in the Isle of France, on or about the 20th of November, 1818. The Topaze frigate, from Ceylon, where this disease was prevailing, and it actually prevailed in the frigate, three men having died on the passage, arrived at the island on the 20th of the preceding month. Can there be a doubt, in the mind of any rational being, that this disease, never before known here in an *epidemic* form, was imported by that vessel ? Is it conceivable that the air of the continent of India, or of Ceylon, could be wafted hither along with the frigate, at the distance of near 3000 miles ; or that, just at the point of time, the air of the island itself, by a fortuitous coincidence, became contaminated ? After prevailing a few months, it vanished ; for it is one of the laws this disease, that after rapidly selecting its victims, consisting of those who by some obscure predisposition are alone susceptible of it, it disappears.

From the circumstances of its appearance at Bourbon, we are led to some more important inferences. The governor of

that place, under the strong conviction of its infectious nature, took measures, by proclamation, to bar all intercourse with the Isle of France. But in spite of this, a boat from the shore of Bourbon had clandestine communication with a small vessel from the Isle of France, probably about the 8th or 9th of January, for she left Port Louis on the 6th. After the usual interval, the disease showed itself so as to leave no doubt of an infection traceable to the boat, and spread to one of the quarters of the town. The governor, with his characteristic vigilance and energy, instantly adopted such measures of police by *cordons* of troops, and by conveying the sick to a lazaretto, that the farther progress of it was arrested, and in a short time it died away. In the Isle of France, on the contrary, where no such steps had been taken, the disease spread to the whole town, and to the rural population, to a calamitous degree.

The facts of this narrative are not unlike those which occurred about two years ago at the Island of Ascension, regarding the yellow fever, the circumstances of which were such, as in combination with others of a like kind, left no room to doubt of its infectious nature, and of the expediency of taking precautions against its importation. As a warning to prevent the recurrence of calamities, which in this and other instances, were imputable to a neglect of due precaution, a historical statement of it was conveyed to all the naval stations liable to this malady ; and the public authorities of the army directed copies of it to be transmitted to all the stations liable to this malady in the West Indies and Europe, where the troops have suffered so disastrously from it, through the neglect of due precautions.

It is somewhat singular and curious, but deeply affecting, that the great *epidemic* of the Western World should have spread itself eastward, so as to have reached one extremity of the Mediterranean Sea, while the great *epidemic* of the East, in its progress westward, has reached the other extremity of that sea ; for the yellow fever had made dreadful ravages in Spain in the course of the last twenty-eight years, even Italy itself having not entirely escaped it ; and the Indian cholera has reached Syria, as already stated, great numbers having perished by it in Antioch and Aleppo, in the course of last year.

*London, 16th June, 1825.*

P. S.—Since writing the preceding letter, I have learnt on good authority, that though the cholera has visited Shiraz, and other cities of Persia, Ispahan has escaped, in consequence, it

is believed, of the governor having prohibited the usual caravans to go there, and ordered them to take the road of Yezd, where it broke out in common with other towns. It is reported that intelligence has arrived of its having reached Laodicea, a seaport of Syria, also the coast of Egypt and Cyprus; but this wants confirmation.—*Edinburgh Med. & Surg. Journal.*

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### *On the Use of Rhus Toxicodendron in Paralysis.*

A young man, twenty years of age, of a strong frame, but stupid mind, was admitted into an hospital for a rheumatic affection, which passed off. He subsequently complained of no pain; he ate and slept well. The muscular power of his hands and feet was diminished, and they were almost useless; the faeces were sometimes passed involuntarily. As this symptom was attributed to his natural stupidity, he was threatened with punishment. The power of his limbs was now so completely lost, that he was obliged to be dressed and undressed like a child. In a short time he could not even move his fingers, and was incapable of feeding himself. Various remedies were ineffectually employed; amongst others, the phosphorus in an emulsion. Two days after the use of this article, he became perfectly jaundiced, and was attacked by fever. The relater of the case was now "at his wit's end;" he knew not what to do, and therefore determined to do nothing. In a few days, the last-mentioned symptoms passed off. The appetite returned, and the palsy of the extremities alone remained. He improved so much in general appearance, that another effort was determined upon, to endeavour to afford him relief. Upon the principle of Celsus, that it is better "anceps remedium experiri quam nullum," the rhus toxicodendron was given,—a drop night and morning. In eight days, the patient could move his fingers; in a month, the arms and feet. The dose of the remedy was gradually increased to ten drops. In two months, he had the perfect use of his limbs. He was shortly quite restored to bodily health; but still remained in a state of mental imbecility.—*London Medical and Physical Journal.*

DR. JOHNSON'S Case of Distention of the Pericardium.

Mr. Scott, of the Haymarket, aged about 47, had, for three or four years, been declining in health, but had not been under regular medical superintendence till a few weeks before his decease. No regular history of the complaint, therefore, could be obtained. He stated, however, that his appetite and strength had gradually declined, but his chief complaint was a fluttering, a palpitation, and a sense of anxiety about the region of the heart, with disturbed sleep and frightful dreams.—When seen a few weeks before death, his countenance was like that of a person in a state of anemia, except that there was also a chlorotic tinge in the skin. The pulse was very feeble, quick, and irregular; there was a tendency to œdema about the ankles; the appetite was almost entirely gone, and the patient felt approaches to syncope, on using any exertion, or ascending stairs. His mind was desponding, and temper irritable. The motions from his bowels were perfectly healthy. The chest in every part sounded remarkably well. In the region of the heart, percussion elicited as clear a sound as in any other part of the chest. The impulse of the heart against the ribs was very feeble, and scarcely audible. It was also irregular, in correspondence with the state of the pulse. The patient was under the care of Mr. Fincham, of Spring-gardens, and was visited successively by Dr. Hooper, Dr. Macmichael, and Dr. Johnson.

When the above mentioned symptoms and phenomena were ascertained by the last mentioned physician (not in consultation with the others,) he gave it as his opinion to Mr. Fincham, that the patient laboured under disease of the heart; and that the nature of the lesion was probably a weakening and degeneration of the muscular structure. In a few days after this examination the patient suddenly died, and the body was examined by Dr. Johnson, Mr. Fincham, and Mr. Henry Johnson.

*Dissection, 13th February, 1825.*—The body extenuated, but still there was some peculiarly yellow fat on the chest and abdomen. The muscles, though wasted, were of a vivid red colour. All the organs in the abdomen were sound. On opening the chest the lungs presented a beautiful blue appearance, sparingly mottled with white; they were very sound.—Between the two lungs there presented itself a pellucid membrane distended with air. This was found to be the pericardium, reduced to a most extraordinary degree of tenuity, and

distended with a very considerable quantity of air. The heart was small (not half filling the pericardium,) and extremely degenerated in substance, a great part of its muscular structure being converted into a kind of fat. The whole was so lacerable as scarcely to bear handling. The parietes of the left ventricle were not more than a quarter of an inch in thickness—the internal surfaces of the cavities were pale, wasted, and not containing a single drop of blood. Neither was any blood to be seen in the large vessels issuing from the heart. There was nothing particular in the valvular structure of the organ.

Dr. Johnson has met with several cases where the heart was in this degenerated condition, but never before observed such a distention of the pericardium by air. It is quite evident from the size of the pericardium and its extensive tenuity, that this collection of air must have been of some standing. This phenomenon accounts for the region of the heart being as sonorous as any other part of the chest, which is not usually the case.—*Medico-Chirurg. Review.*

### III. PATHOLOGY AND THERAPEUTICS.

#### *Two Cases of Accidental Poisoning from Prussic Acid.*

The foreign journals contain two recent instances of poisoning, which possess many points of interest. Both were the result of accident; the subject of one was Dr. B—, a physician at Rennes, and that of the other the celebrated chemist, M. Thenard. Dr. B. is one of those ardent pursuers of science who volunteer experiments in their own persons. Having taken a teaspoonful of prussic acid in the morning without inconvenience, he took another teaspoonful after dinner: not satisfied with his escape, he ventured to unite the doses, taking the whole quantity in two portions after the interval of a few seconds between them. He thought it tasted a little stronger than his morning's dose, in fact, it was a different preparation, but remarked ‘it had not hurt him, however.’ But on walking out of the shop, in which he had made this last experiment, he felt an alarming kind of disturbance in his head; he returned, and, after uttering a few words expressive of his apprehensions, fell down ‘comme s'il eut été foudroyé.’ The *pharmacien*, who was, of course, in no small trepidation, gave him ‘lilium de Paracelse’ and ammo-

nia, though the teeth were so firmly closed that very little of either could be administered.

The other symptoms induced were a continually increasing dyspnœa, the respiration being noisy and rattling ; coldness of extremities, distortion of the mouth (from which an odour of bitter almonds was emitted,) very small pulse in the right arm and none in the left ; the face and neck red and swelled ; pupils fixed and dilated ; in a word, the state of a man attacked with a fatal apoplexy. The trismus went on increasing in intensity : a violent but brief convulsion followed, and the abdomen, particularly the epigastric region, seemed to become rapidly tumefied. The treatment at this period consisted of frictions with tincture of cantharides and pure ammonia ; compresses dipped in the same mixture, and large sinapisms being employed at the same time. An iron spoon was passed between the teeth with great difficulty, and the feathers of a pen made to reach the fauces ; this excited efforts to vomit, by which some dark-coloured mucus was thrown off. Attempts were now made to give the patient some coffee, at first alone, and afterwards with the oil of turpentine. Ice was applied to the head. During this time Dr. B. frequently raised his thumbs to his mouth, as it were automatically.

After remaining in this state for two hours and a half, he began to shew signs of returning reason, uttering the words, *I have takeu prussic acid—I recommend my son to your care—Give me air, and let me die.* He immediately recognised those around him, and asked for some coffee, which the state of his mouth (irritated by the substances employed) would not permit him to take. The intellectual faculties were gradually restored ; but considerable dyspnœa and very distinct rattle remained : occasional fits of coughing caused the expectoration of small quantities of yellowish-black mucus, the rattle then ceasing for a moment. Dr. B. then himself caused sinapisms to be applied to his feet and legs, and a strongly purgative lavement to be administered. After every stool a quantity of gas was discharged from his mouth, having a strong odour of prussic acid. There was not the least symptom of paralysis. About six the next morning he was carried home, and he was able to walk up two pair of stairs unassisted.

Dr. B. was thirteen days before he could go out to see his patients, during which time the dyspnœa was frequently distressing, particularly when he turned in bed and when he awoke in the night. At last he quite recovered.

M. Toulmouche, who is the narrator of this luckless attempt to extend pharmaceutical and therapeutical knowledge,

observes, that it illustrates the great difference in the different preparations of the acid. The morning dose was prepared by Dr. B. himself; the afternoon dose was prepared after Scheele's method, but the double dose was sent by M. Delonde, and purchased of M. Vauquelin. He observes, that the first action of the poison was shewn to be on the brain, of which the nervous influence was suddenly suspended, the spinal nerves continuing to act. The convulsion which supervened he attributes to temporary irritation of the medulla spinalis. A very powerful action seemed to be effected on the organs of respiration; and also on the kidneys, for there was more or less suppression of urine for the first four days. In cases of this kind, M. T. advises that the antidote, if there be an antidote, should be introduced by the nasal passages.—*Rev. Med. Fevrier.*

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*Case of M. Thenard.—Poisoning from Corrosive Sublimate.*

On the 29th of February, at nine in the morning, M. Thenard was lecturing at the Polytechnic School on the subject of the nitrates, and particularly the nitrate of mercury. He had by him two glasses of similar form, one filled with *eau sucree*, the other containing a concentrated solution of *corrosive sublimate*, and by mistake he swallowed a mouthful of the latter. Immediately perceiving its horrible taste, he called for some albuminous water, and, whilst waiting for it, repeatedly drank tepid water. Some whites of eggs were procured, mixed with water, and administered five minutes after the accident. Up to this time, notwithstanding irritation of the fauces and uvula, no vomiting had taken place: but very soon after the albuminous water was given, vomiting came on, and what was thrown up had the characters of albumen coagulated by corrosive sublimate: in fact, the liquid was white, flocculent, and resembling albuminous water into which dissolved perchlorate of mercury has been poured. M. Dupuytren arrived when the albuminous water had been frequently taken, and vomiting had occurred four or five times. M. Thenard then found himself so much relieved, as to say to M. Dupuytren that *he was cured*. At nine in the evening M. Thenard had vomited more than twenty times, and found himself '*a merveille*;' he never had any pain of the epigastrium or in the intestinal canal. He had a copious stool ten minutes after the poisoning, and before he took any purgatives.—*Med. Repos.*